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Planned Parenthood

Its Contribution to National Preparedness*

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AT A time when world revolution and world domination by dictatorship threatens, the American nation may well be concerned with its resources for defense—material and human. But thus far the principal emphasis has been put upon guns, tanks, aircraft and battleships. Now leaders throughout the nation are beginning to give thought to our human resources.

"A falling birth rate . . .," "Race suicide . . .," "A nation of old people." Phrases, such as these, appearing in news columns, editorials and magazine articles are attracting wide public attention and arousing public fear.

The people of this nation may well ask themselves: Are we committing race suicide? Are we strong enough in numbers and in quality to defend our democratic institutions?

Much has already been undertaken through the efforts of the Federal government, to safeguard the national health, to provide security for old age and for the unemployed, to expand facilities for public education of children and of adults, to conserve natural resources and to provide adequate housing for low-income group families. In this hour of danger, all these things which give meaning to the word *democracy* must be coordinated into one great national effort to mobilize this nation's human resources.

The Nation's Manpower

In the face of the death struggle in Europe and in Asia between democracies and totalitarian powers, the American people want to know:

What is the state of the nation's manpower?

How will our national strength be affected by trends in the birth rate?

The population of North America even discounting the heavy tide of immigration, has increased in 150 years at the most phenomenal rate recorded in world history. Between 1790 and 1815, the population doubled. It doubled again between 1815 and 1840; a third time from 1840 to 1865; again a fourth time from 1865 to 1900. If this rate had continued, the United States would have more than 150,000,000 people today, instead of 131,000,000, and by the end of the century, "Our population would have greatly outnumbered the Chinese."[2]

Fortunately for the orderly growth of the nation this extraordinary rate did not continue. Rapid industrialization and urbanization of the people, coupled with the economic depression, has resulted in a marked slowing down of the rate of increase, saving us from the disastrous consequences that have accompanied unlimited reproduction in other countries—notably China and India.

Population authorities have built up most careful estimates of our future population growth.

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A conservative estimate by two outstanding authorities (Mr. P. K. Whelpton and Mr. Warren S. Thompson, co-authors of "Population Trends in the United States") forecasts an increase of nearly 23,000,000 by 1985, when the total population of the nation is expected to reach its maximum of 154,000,000. And their estimate includes calculations which anticipate a further decline in the birth rate of nearly 25 per cent.

As far as available manpower is concerned the United States today has approximately 24 million men between the ages of twenty and forty-five, usually considered the military age group. (Draft age, twenty-one to thirty-five). This is four million more than we had during the World War. And by 1980 it is estimated the United States will have 26,380,000 men in this age group.[4]

Thus, America's population is increasing and will continue to increase, according to most reliable estimates, for the next thirty to fifty years. At that time it will reach a maximum peak and will either remain stationary or decline slowly. This trend is reflected in the experiences of virtually every other civilized nation.

The nation's manpower, both in effective military age groups and in productive workers, is adequate for national defense in point of numbers. Thus, it is clear that the cry "race suicide" with which some have greeted our declining rate of growth is unjustified by the facts. The rate is declining. Our numbers continue to increase.

Wasted Resources

The White House Conference on Children in a Democracy reported in 1940 that between six and eight million children were in families dependent for food and shelter on various forms of economic aid. Coupled with that is the fact that approximately fifty per cent of the 2,000,000 children born in the country each year are born to families on relief or with incomes of less than $1,000 per year.

Can there be any question that this unbalanced rate of birth is vastly complicating the social, health and economic problems of the nation; and seriously impeding the growth of a sturdy, self-reliant people, ready and willing to face the extreme emergency of national defense?

In a recent publication, "Our National Resources," the National Resources Planning Board, Washington, D. C., July 29, 1940, reported:

> "Preventive health services for the nation as a whole are insufficient. Hospital and other institutional facilities are inadequate in many communities, especially in rural areas, and financial support for hospital care and professional services in hospitals is not enough, particularly for people of the lower income brackets."

It continued:

> "A third of the population, those with incomes under $750 per year, is receiving inadequate or no medical service. An even larger section of the population suffers from economic burdens created by illness."

This inadequacy of the nation's health resources has a staggering effect on the future quality of the population. Here are the shocking facts as disclosed at the White House Conference:

Among America's children today:

Six million are improperly nourished.
A million have weak or damaged hearts.
Three millions have impaired hearing.
A million have defective speech.
850,000 are definitely feeble-minded.
300,000 are crippled.
400,000 are tuberculous.
50,000 are partially blind.

This would indicate that we are breeding many of our children today under conditions which predispose to a life of ill-health, permanent disability, poverty and delinquency. Draft experiences in the Great War showed a disquieting percentage of young men physically unfit for military service. Physical requirements for the 1940 draft have been lowered.

In study after study, sociologists and authorities in the field of crime and delinquency have shown a correlation between large, underprivileged families and the incidence of crime.

The crime problem today in America is a youth problem. As J. Edgar Hoover, director of the Federal Bureau of Investigation, said recently, "It is not pleasant to face the fact that 12 per cent of all murderers, 45 per cent of all burglars, 32 per cent of all thieves, 13 per cent of all arsonists, and 52 per cent of all automobile thieves arrested are below voting age." The cost of crime is estimated at fifteen billion dollars a year.

In other ways the nation is paying a high price for its unbalanced birth rate and for lack of a positive democratic population policy.

We are estimated to be spending five billion dollars a year for the relief of dependent individuals and families; for the maintenance of institutions for the insane and the feeble-minded; for the care of the aged, the crippled and the blind.

The cost of ill-health and premature death is estimated at ten billions; the cost of *social inadequacy,* at five billion dollars a year. The total, allowing for possible over-lapping, is said to come to *one-fourth of the national income.*

But more serious to the future prosperity and well-being of the nation than this huge annual toll of economic loss, is the wastage in human resources upon which the nation must depend for its future citizens and its future leaders.

American families, many millions of them, because of ignorance year after year breed more children than they can care for—more children whose only expectation for the future is to perpetuate the conditions of poverty and ill-health under which their parents live.

The consequence must be of concern to every citizen who has any deep interest in the present welfare and defense of the nation.

Prosperity and Population Trends

It has been the custom for many business men and economists to view with alarm the falling birth rate in the United States, on the basis of the belief that rapid increases in population go hand in hand with rapidly expanding economic growth. In a bulletin on population trends published by Standard Statistics Company it was stated:

"If the addition of workers to a new country helps to raise the per capita income through better exploitation of natural resources, while overcrowding results in poverty and starvation, there obviously must be an optimum number of people somewhere between the two extremes. As the population increases, the average amount of natural resources per individual falls. It certainly would be economically unwise to increase the labor supply past the point where productivity per worker reaches a maximum."

Whelpton stated recently:

"If this nation could choose between having a stationary population of 131,000,000 (our present size) or 150,000,000 or 100,000,000 it can be shown quite conclusively that the smaller number would be best from an economic standpoint."[6]

As the Standard Statistics Study has pointed out, the root of the economic problem arising from population trends is the relationship between numbers of people and land and natural resources. The latter are definitely limited; there is no readily definable limit to size to which a population may grow under favorable conditions. And as Professor Henry Pratt Fairchild has pointed out: ". . . without new land and augmented natural resources, technology alone cannot provide for an indefinite increase of population."[1]

"A concrete illustration of the possibilities is furnished by the record of two brothers, who married two sisters in Lille, France, in 1830. One hundred and three years later these two couples had 835 living descendants."[1]

The effect of population trends upon the reservoir of productive workers is well-marked. In 1930, 55.5 per cent of the population was in the productive age group of from twenty to sixty-five years of age; this percentage, according to conservative estimates, should increase to 61 per cent by 1950. By 1980 the percentage will be approximately 60 per cent of the total population.[3] In consequence it is readily apparent that the economic structure of the United States will not lack for productive man-power as a result of decreasing population growth.

In 1935-1936 the average annual income of the American family amounted to $1,622; one-third of the American families received an annual income of less than $780, the middle third received from $780 to $1,450, and the highest third received $1,450 or more.

E. J. Coll, Director of the National Economic and Social Planning Association, has strikingly characterized this problem:

"In the depressed areas of the country are perhaps 40,000,000 people living at, and below, a subsistence level, and taking a very meager part in the economic life of the nation. If these people could be brought into effective production and consumption, total economic activity of the nation would be vastly expanded without any actual increase in numbers of people."

America's Population Problem

It has been the purpose of my observations thus far to develop the facts as we know them concerning population trends in this country and the possible effects of those trends upon the nation's social and economic life. It seems clear that America's population problem today is not one of numbers, but a problem of qualitative growth.

Quality vs. Quantity

In numbers the American nation is strong and will grow stronger. In health and in morale there is reason to ask the question: Is the quality of our people in real balance with quantity? Ten years of harsh economic circumstance for a large section of the American people have left a residue of social, economic and health problems which menance seriously the quality of our human resources, the endurance of democratic government, and therefore our military defences.

Today America's population is being bred from the bottom up. The poorest families, through ignorance, have more children than they can afford to rear properly. Families in the middle and upper income groups, particularly those in urban centers, are not having sufficient children to replace themselves, because of economic and social conditions which make the bearing of children destructive to the family's hard-won standards of living.

This is unbalance.

A Democratic Population Policy

State subsidies, bachelor taxes, medals for prolific mothers—these the totalitarian states have tried in their drive to breed more and more cannon fodder. In large degree they have failed. Sweden is the one country which appears to have succeeded: They plan parenthood and subsidize it.

It is an inescapable fact that where conditions are favorable to early marriage, where the economic burden of parenthood may be undertaken more easily, and where more hope exists for a better world tomorrow for today's children, the people of any nation will bear children and increase or maintain their numbers. Doctors know that American women continue to want children.

If the United States is to correct its unbalanced birth rate; if it is to encourage parents in the middle and higher income classes to bear more children; if it is to maintain its population well balanced in quantity and quality, it must seek to create these conditions.

* * *

SWEDEN'S POPULATION POLICY

By Alva Myrdal, *Birth Control Review*, April, 1939

After stock had been taken of demographic changes and their causes and also of social conditions, a population program was formulated, with concrete plans drafted in seventeen reports by the Population Commission and some ten reports by other related Royal Commissions. The first proposed reforms were enacted in 1935, most of the new legal provisions went into effect January 1, 1938, and some are still only plans, though thoroughly prepared and officially recommended. The basic principles of this population policy may be summarized in three statements, all of which are apparent paradoxes:

1. Voluntary parenthood and a positive population policy shall be brought together. The neo-Malthusians focused their interest on the former, while population conservatives have centered around the latter. There is, however, no reason for such a choice. Voluntary parenthood should be assured, so that the size of individual families may be regulated according to their best interest, but community means should be mobilized so as not to force that regulation to extremes. Only children welcome to their parents are wanted by the nation. Birth control must be spread effectively to all groups of society, in order that only desired children are born, but at the same time social conditions must be so rearranged that more children can be welcomed.

2. Both quantitative and qualitative aspects are considered. The quantitative goal has been fixed at retaining, if possible, a constant population; increasing population numbers being considered neither feasible nor desirable. This quota should not, however, be filled by children undesired by their parents; quantity should not be secured by sacrificing quality. Thus Sweden cannot resort to paying premiums to parents per newborn child, however effective such measures may be from the purely quantitative interest. All measures should be shaped so as to insure both the best improvement in health and environmental conditions for the children themselves and a reduction of the economic motive for extreme family regulation. It follows that practical aid, instead of being paid in cash to parents, should be paid in services to children, offering rational coöperative consumption, tax-paid for children of all social groups.

3. The means for a democratic population policy must include both educational influences and social re-

forms. Sheer moralization and exhortations of duty to the nation are considered futile. Psychological attitudes may, however, be changed by education to greater understanding of family values and greater capacity for living in family relations. On the other hand, economic reforms are necessary by which a larger share of the national resources are allotted to children.

Without education, no family reforms can be voted by a people among whom childless individuals and "child poor" families already form the overwhelming majority. Without social reforms no sermons on the value of larger families can be given to the broad masses of the people. When the "normal" size of the family in the majority of non-sterile marriages has to be fixed at four children in order to keep population constant in the long run, it becomes apparent that nine-tenths of the population cannot rear these children according to approved standards of health and culture without considerable community support.

All the positive reforms aim at improving health, education and environmental conditions in general. Together they form a new system of prophylactic social policy, safeguarding the quality of the population in advance and not merely palliating its ills. Such a policy is considered an investment in the personal capital of the country, equally as profitable or more so than investment in factories and machines and other property which "rust can corrupt and moth consume."

Basic to any population program founded on democratic ideals and ways of living is the proposition that *parenthood must be voluntary*. It is part and parcel of the democratic ideal, expressing as it does the right of a child to be well-born and well-reared; the right of the parents to undertake the responsibilities of parenthood consciously and in full knowledge of their duty to themselves, to the child and to the nation. Maintenance of a nation's birth rate by *undesired* births not only violates the spirit of democratic society, but creates social and economic problems which menace the orderly growth of democratic institutions, and may lead to the destruction of democratic government.

To maintain a democratic society, population replacement would surely better come from thoughtful and responsible parents, rather than improvident irresponsibles. It will be generally agreed that planned parenthood has an essential place in a comprehensive population program.

As a weapon in the armamentarium of physicians and public health officers, planned parenthood reduces maternal and infant mortality and helps to promote the general health of the community. Specifically it will greatly reduce maternal mortality by preventing pregnancy in poor maternity risks (cardio-vascular, chronic kidney, et centera) and in women who would otherwise resort to induced abortions.[5]

As a means of promoting marital happiness, planned parenthood strengthens the family and promotes the vitality of family life upon which rests the welfare of the nation as a whole.

In consequence, one of the major tasks of a sound population program is the rapid extension of planned parenthood to all families in the United States who desire it. This would require not only contraceptive advice available from and prescribed by physicians, but also the inclusion of contraceptive advice in state and federal public health services—a step approved now by seventy-seven per cent of the American people, according to a recent Gallup Poll. Already three states have incorporated birth control into their state maternal and child health programs, as a very important health service, which now offer exceptional opportunity for study of the benefits that result from the extension of contraceptive facilities to the poorer sections of the population.

The prevention by sterilization of breeding of the feeble-minded, the criminal insane, and the congenitally diseased is a specialized problem in which progress is being made. Many conservative authorities feel that it is full of unexplored dangers. Most doctors feel that it has a place which remains to be worked out.

Present activities of the federal, state, and local governments in the fields of health and social welfare, if administered with due recognition of the need for promoting planned parenthood, can contribute immeasurably to sound population growth and to the improvement of the quality of the nation's people. General education on maternal and child welfare, with proper emphasis on child-spacing and public health services for those who cannot afford the services of private physicians, would reduce the economic burden of having and caring for children and promote a more intelligent and conscientious attitude toward parenthood.

Corollary to these activities and of equal importance to a national population program is the need for regional and national planning and study of the relationship of resources and population in various geographic areas. In recent years, many states and a number of regional

planning commissions have been created for that purpose. Aided by such national bodies as the National Planning Board, these at present constitute one means of attacking the complex problems of migration, wastage of resources and other problems of regional development which bear directly upon the whole national problem of population.

An Initial Step

Full development of a comprehensive population program in accordance with the American way of doing things is a complex and long-time task. Like many another movement devoted to the national welfare, no ready answer or quick solution is possible. But the issue is far too important to be dismissed as too complex to admit of practical accomplishment. A start must be made.

A Task for All

America's population problem is not alone the concern of students and authorities in the field. It is the vital and immediate concern of every citizen of the nation. Practical action upon it requires the backing of informed public opinion.

Many of the activities now going forward which bear upon our population problem have the support of a majority of Americans. But on the whole problem of population there is little public understanding of the issues or the possible avenues of attack. One thing is certain: if public misunderstanding and lack of knowledge is permitted to continue, fostered by cries of "race suicide" and a "falling birth rate," public demand may force ill-considered and ineffective remedies in the near future, as it has done in the past. Particularly, effort should be made to resolve the relatively small remaining controversy between the Catholic clergy and the majority of the American people on the subject of the method of birth control.

Summary

Most Americans believe that the industrial end of national defense can be well handled by our industrialists in coöperation with the government. Planning and controlling parenthood is an essential democratic method of developing and maintaining the optimum quality and quantity of our people. In this planning, we doctors, we citizens, are confronting a problem of fundamental importance to us, and to our children and to our country, because it determines the man-power needed for national defense.

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Primary Carcinoma of the Scrotum

Report of a Case

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■ PRIMARY CARCINOMA of the scrotum is a rare neoplasm in the United States. The cases reported in this country have occurred chiefly in New England. According to the literature reviewed, no cases have been described as originating in Michigan, and it is for this reason that the following case report is of interest.

W. W., a white man, aged 59, presented himself for treatment in July, 1939. He was born in an adjacent county, and had been employed as a fisherman on the Great Lakes for forty years. His past medical history contained no record of important illnesses. There were no references to cancer, tuberculosis, or other constitutional diseases in his family history. Some years ago, in his occupation, he followed the common practice of using tar as a preservative for fish nets. However, an entirely different substance was substituted about ten years ago. The patient did not recall that his clothing covering the external genitalia ever became contaminated with the tar, although he admitted the possibility. His complaint at the moment consisted of an ulcerated area on the scrotum. This was first noticed in November, 1938, appearing then as a small indurated area. In the 2 months immediately preceding his initial examination, it had grown quite rapidly, with an increase in localized tenderness. About 1 month before he was first seen, the involved area became ulcerated. His weight had remained constant.

The physical examination disclosed a tall slender

man whose appearance belied his age. His left pupil was slightly larger than the right, and did not react to light quite as vigorously as the right pupil. The disturbing lesion was located on the inferior portion of the left scrotum, measuring about 2 cm. by 1.5 cm. It was freely movable, and appeared to involve only the skin. The edges were quite firm and somewhat rolled. Ulceration of the growth had resulted in a purulent coating, moderate in amount. The scrotal contents were normal upon palpation. Both inguinal areas contained small palpable lymph nodes. The prostate was of normal size on rectal examination.

The blood count and hemoglobin estimation were within normal limits. The blood urea level was 33 mg. per cent, and the Kahn test was negative.

Clinical Diagnosis.—Carcinoma of the scrotum, with probable metastases.

Under spinal anesthesia, the scrotal lesion was widely incised. Ample scrotal tissue was available for closure without tension. Through bilateral inguinal incisions, the superficial and deep lymph nodes were dissected and removed.

The scrotal incision healed promptly. From the inguinal wounds, there was a moderate amount of serous drainage which persisted for ten days before healing was complete.

Pathological report (Dr. C. M. Owen).—Microscopically, the scrotal tissue exhibited a new growth of atypical squamous cells, which showed from 25 to 50 per cent undifferentiation. Some keratin was present with the formation of small pearls. A number of mitotic figures and large nucleoli were seen. Considerable secondary infection was also evident. The lymph nodes showed infection, but no metastases.

Diagnosis.—Squamous cell carcinoma of the skin, grade ii, with an associated infection. Lymphadenitis.

Progress

January 16, 1940.—Patient states that he has been working regularly, and is feeling well.

September 4, 1940.—A more recent communication from the patient states that he was seen by his doctor, and the groin and scrotal wounds were found to be free from palpable masses. The patient is continuing at his work.

Most of the reported cases in the world literature of carcinoma of the scrotum have occurred in the British Isles, where it was noted by Butlin over 45 years ago as a comparatively common occupational epithelioma. According to Green, it was first described by Percival Pott in 1775, and called "chimney-sweep's disease." The number of fatal cases of cancer of the scrotum reported by Henry to have occurred in England and Wales between 1911 and 1935 was 1,487. A large number of these were in individuals employed in the cotton-spinning industry. Others were tar and petroleum workers, and those engaged in the Scottish shale oil industry. The rarity of this lesion on the Continent in comparison to the numbers seen in English hospitals was

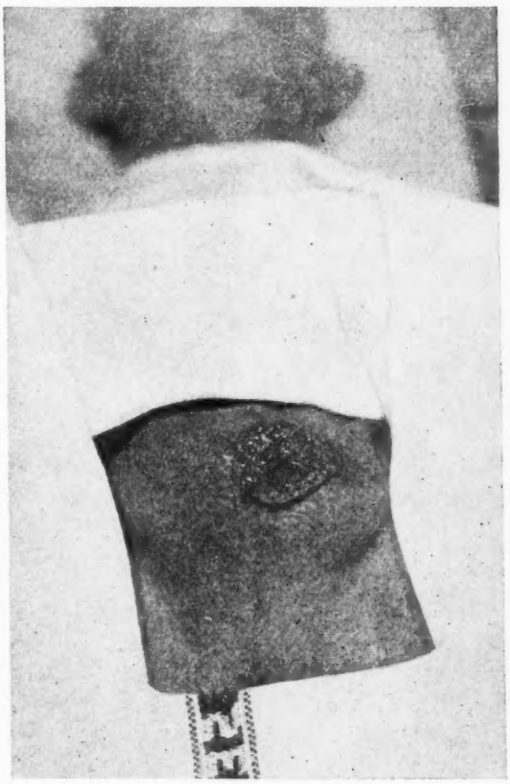

Fig. 1.

noted by Butlin many years ago. The subject was reviewed in this country by Green in 1910, who found only seven cases in the records of the Massachusetts General Hospital in the 25 years preceding 1910. Only four of these were unquestionably primary carcinoma of the scrotum; one was secondary to cancer of the penis, and two were probably cancer of the scrotum, but were not verified microscopically. Green also stated that three of the four proven cases had the lesion on the left side of the scrotum; two of the patients had been "mule-spinners" in the cotton mills of England; the other two were from Ireland, occupations irrelevant. Recently, Graves reported a series of fourteen cases, of which number, nine gave a definite history of exposure to oil; of these, three were employed as "mule-spinners." Metastases were found in the inguinal glands of ten of the fourteen cases. The malignancies were grade i in six cases, grade ii in

four cases, and grade iii in two cases, two cases being unreported.

Experimental and clinical observations indicate that the mineral oil used in the cotton-spinning industry is carcinogenic, according to Irvine. Leitch has demonstrated experimentally that certain refined mineral oils used for machine lubrication are capable of producing carcinoma of the skin. Of the cases reported in the British literature, a large number involve individuals in direct contact with mineral oil. Mule-spinners work astride a revolving shaft which throws oil onto the clothing, particularly that covering the external genitalia. The rotation of the shaft probably accounts for the predominance of the lesions on the left side of the scrotum in these workers.

In the case here reported no co-existing factors were apparent in the history to account for the malignancy on the basis of the usual history given in these cases. This patient had never been out of the state, and stated that he had had practically no contact with mineral oils.

Summary

A case of primary carcinoma of the scrotum in a native-born American is reported, with no traceable etiological factors, except for the possible factor of tar, as formerly used in his occupation.

A brief review of the available literature on primary carcinoma of the scrotum is given.

But few cases have been reported in the American literature. Practically all the cases reported have occurred in the British Isles, chiefly among the cotton-mill workers.

Lubricating oil with carcinogenic properties is believed to be responsible for the incidence among these workers.

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An Expressed or Implied Contract

There exists between the physician and his patient a relationship resting upon a contract which is either expressed or implied, and, in practically all cases, implied. This contract places upon the physician certain responsibilities and duties, and a breach of it leading to a bad result or injury to the patient may be the basis of an action for malpractice.

Samuel Wright Donaldson, A.B., M.D., F.A.C.R. The Roentgenologist in Court. Charles C. Thomas, 1937.

The Highlights of Twenty-five Years of Service*

By Marjorie Euler

Topeka, Kansas

MARJORIE EULER

■ I PROPOSE to discuss, very briefly and very crudely, a few angles that relate to the running of a doctor's office, with the hope that the discussion may be of some small help to other medical assistants. The organization of Medical Assistants is so new that, outside of a few articles in a business magazine, I was unable to find anything written concerning their duties, so I have only my own experience over a period of twenty-five years from which to draw.

The girl who works for a doctor today enters upon a real career and, it seems to me, one of the most useful careers that it is possible for her to fulfill. She is required to take medical dictation, write case and operative histories, keep accurate files, handle the doctor's correspondence, as well as to act as hostess, nurse, mother, entertainer, telephone operator, bookkeeper, collector, treasurer, income tax computer and housekeeper. It seems to me the best type of training to prepare oneself as a doctor's assistant, would be a general business course, including, of course, shorthand and typewriting and any sort of nurses' training you could get. I personally do not think it is necessary to be a graduate nurse, however, I do think this would help. You can pick up some of the laboratory work such as doing urinalyses and blood counts as you go along. This, of course, makes you more valuable to your doctor, but should contact with sickness and its attendant misfortunes be distasteful to you or make you worried or depressed, it

*Presented at the Conference of Medical Assistants at the seventy-fifth meeting of the Michigan State Medical Society, September 24, 1940.

would be much better for you to start your career in some business office, but on the other hand, if you have the urge to help and comfort, then you have found the groove to which you are best suited, and as the years go on and you get more acquainted with your work and grow to love it, you'll feel like you have been a little help to humanity and it will be a source of satisfaction to you.

By being in a doctor's office you miss one thing that you will find in a corporation, that is a chance for a higher position, for there is only one over you, the doctor, and his place you can never fill, but within your position itself there is the possibility of infinite expansion. You can continue to improve from day to day by doing splendid and worth-while work and by making yourself indispensable to your doctor. In other words be his left hand if you can't be his right, and be the best "Girl Friday" you can, and as you increase in helpfulness, and as his practice grows, and especially as you learn to handle his collections efficiently and actually save money for him, learn to do minor dressings and relieve him of giving shots, your salary will grow in proportion.

Personalities

We might start now with a typical day at the office. Whatever time your office opens, be at least five minutes ahead of time, so that you do not have to feel rushed. Your time will always be well filled so a planned day will give you much more satisfaction and time, than one that is rushed and muddled. Nothing annoys a doctor more than not to have you at the office on time. It is very annoying to him to have a patient phone him at home or bother him at the hospital with this remark, "I called your office but nobody will answer." You will find just so many people of this kind so be on hand and do not let it occur. Yourself should be neat and well groomed at all times; uniform and shoes kept spotless and white, makeup—yes, we should be as attractive as possible as we are the first glimpse that the public gets of the office, but this doesn't mean brilliantly colored claws for nails. Have them well manicured (this can be done by giving a little of your time and with very little expense). I prefer a light or natural shade of polish for the office. I do not think there is anything more out of place in a doctor's office than gaudy nails and costume jewelry. Never be guilty of wearing a dark slip under a white uniform nor one that is too long.

Office Housekeeping

Now we are at the office, in uniform and ready to start the day. We must dust first as everything around a doctor's office should be kept as spotless as soap, water and furniture polish can make it, magazines arranged neatly on magazine racks or tables, one at each end of the room if possible so that patients will not have to reach across another to get a magazine—as this is always annoying especially so, if you do not feel well. Do as much of the doctor's correspondence as possible before the doctor comes in, as it is much easier and you are less apt to make mistakes, if you run your typewriter when there are no interruptions, also it leaves you free to help your doctor when he does come in. Always have your sterilizer on and at a low boil, so that in general use or any type of emergency it is always ready to sterilize instruments without delay. At this time take plenty of time to check all supplies and see that they are ready for instant use. Post all books if possible before the doctor arrives, if you post them every day, you will find it takes only a short time; books kept up is a joy and satisfaction to yourself as well as your doctor. The morning is a good time to make and sterilize dressings, sterilize and powder gloves and check your laundry. In ordering supplies I have found it best to stick to one or two good reputable pharmaceutical houses. After they become acquainted with you they will give you much better service and if they do not have your product, they will gladly order it for you and then keep it stocked. A word might be said at this time about magazines in a doctor's office. Do by all means keep them up-to-date. The old saying, "If you want an old magazine, go to a doctor's office," I am sure is fast becoming only a saying and not a reality, so discard all old and torn copies. I think two of the so-called woman's magazines are nice, also a fashion magazine, as there is not a woman living, young or old, educated or uneducated, who is not interested in fashions. Then for those who have only a few minutes to wait, picture magazines; *Hygiea*, the health magazine, put out by the A.M.A., will always have a big following.

Patients

Before the patients start coming in I find it helps to have a list of your appointments on your desk as well as the doctor's. Look these over until you are quite familiar with them, as nothing pleases a patient more than being addressed by his own name as he enters. If he is a new patient be very careful about getting name (spelled correctly), address and telephone number. If married get husband's initials and his place of employment; if a minor child, get father's initials. Do not leave this job up to your doctor as he is often too busy or else he knows the patient well enough that he hesitates geting the rest of the information that is essential for you to keep good records. I cannot stress this point too strongly, as this is the keynote of efficient collecting.

Usher patients in as near appointments as possible, trying not to show any fuss or rush regardless of how many are waiting. I have found it helps to save fifteen minutes in the middle of the afternoon for the patient who persists in coming in without appointment or for the out-of-town patient that never seems to think that it is necessary to phone or write for an appointment. Theoretically, it is unfair to those who have appointments to "run in" one without an appointment, yet it sometimes saves an excellent case for your doctor. If your doctor tries to take patients by appointment, it is best for you to tactfully say to the one who doesn't have an appointment, "Doctor prefers to take his patients by appointment" and that you would appreciate their calling for one in the future so that you can save more time for them. Tell them, however, that your doctor will be glad to see them for a few minutes if they don't mind waiting or that you will be glad to make an appointment for them the next day so that they will not have to wait. If it is not an emergency case they will usually coöperate. If another doctor calls up for an appointment, this must be arranged without hesitation, but again you must be very tactful not to let the already waiting patient know that one is being slipped in ahead of him.

To the shy, frightened, embarrassed patient you can be of a great deal of help. A word of encouragement, said in a sympathetic voice while she is being prepared for the examination, will often help as well as win you a world of friends. Also a shy woman will often tell the office nurse a great deal of valuable information about herself that she seems too embarrassed to tell the doctor. This you can convey to him in a few words that will help him a great deal in his diagnosis of the case. In this way you can be a great deal of help to both patient and doctor.

A pleasant smile and ready welcome is a receptionist's best weapon in handling any patient. Learn to handle them she must, and each one differently. If your doctor is late getting in for his first appointment, even though you know he is lunching with his best crony, telling about the big one that got away or the best camera shot he ever got, above all things do not let your patient be aware of the fact that he is taking a few minutes to relax. My pet expression is, "Doctor has had an extra busy morning at the hospital," or "We have had an emergency and doctor is going to be a little late." I find if you ask your patients to help you out they will coöperate nicely.

The next in line to take up is the doctor's friend that calls. He should not be kept waiting if at all possible not to do so. He may want to discuss a case with your doctor or he may just want a friendly chat, but in either case he always has the lead over all patients. If he sees patients waiting and it is only a friendly chat, he will not stay long. If it is a case he wants to discuss, he will make it as brief as possible, as he is probably in as great a hurry as your doctor.

Then come the medical book publishers, instrument salesmen and detail men. Be especially nice to these men, as they are not ordinary salesmen. In fact if the doctor is not too rushed he wishes to see them, as he likes to hear about what is new on the market. If you can see by your appointments just about when your doctor will be at leisure, tell them; this gives them a chance to go call on another doctor in the building and come back when yours is not so busy. They will appreciate your telling them and gladly coöperate. In contrast to this we have the necktie and hosiery salesmen, real estate men and peddlers of all sorts; even though our buildings are marked, "No peddlers or soliciting allowed." These you should never let get to your doctor, his time is much too valuable to waste on them, nor

must you spend any time with them. I cannot imagine anything more unprofessional than allowing a salesman to spread his wares across your desk when you have a room full of patients. You can smile and be courteous, but at the same tell them that your time is not your own and that you cannot look at their wares during office hours.

Office Ethics

"Office ethics" can be called the title of our next subject, or casual remarks passed in or out of the office about your own doctor, another doctor in the profession or about a patient, because you will be asked, and you must have your answer well thought out. For example, you are not free to talk miscellaneously about health and disease. You realize that you are not a diagnostician as most people think you are. You cannot talk because you know too much, and because you know you are restrained you must realize that beyond being considerate, courteous and efficient, you have no business discussing, even with a patient, his problem which the medical expert alone must solve. I heard Mr. S. A. Long give a talk before the Kansas Medical Assistants at Wichita this last spring, and I quote, "If I were a medical man and had in my employ a secretary from whom, or through whom, the public ever found out anything about the people who came to my office, or why they came or where they went—if I ever discovered one small instance of betrayal of that professional confidence, that secretary would be hunting a job and doing it so quickly that her heels would scarcely touch the sidewalk." Never be guilty of calling a patient over the phone in the hearing of waiting patients and make an appointment for any kind of treatment that would give the people within hearing distance of your voice any inkling of what the patient is being treated for. The simplest way to take care of this is to make all such phone calls in the morning before patients arrive or else call from an inner private telephone. Another thing, do not leave reports or history charts of patients lying around on either your desk or the doctor's desk so that anyone entering your office might see them. It would be quite embarrasing to all concerned to leave a 4 plus Wassermann report lying on the desk so that any passer-by might see it. In casual conversation, if you do talk about your doctor, give him a boost, say something about his skill and ability, or tell them of some of the charity work he does (never mentioning names) so that they will know what a competent man he is. You will be surprised how many cases you can throw his way. Then there is the question of advice about another doctor. If you cannot say anything good, "Silence is Golden," because a slam at one doctor is a slam at the whole medical profession. My stock phrase for this situation is, "my opinion isn't worth very much as I am not well acquainted with his work."

Telephone

The most valuable quality you can have as a secretary is a good telephone voice, as you have to make it smile, show sympathy and attention, all in the tone of your voice. Ninety per cent of your patients call you on the telephone one time or another. Almost all first appointments are made over the phone. Does your voice, which should be low, yet distinct, tell the patient that you are her helper and that you will be glad to be of any service for her that you can? Many of your telephone calls will be from people who are scared, worried, ill or neurotic. A pleasant, understanding voice usually calms them down until you get the information necessary to help them.

In answering a doctor's telephone never say "hello" or give the telephone number, as most people forget the number as soon as it is given or dialed, so it means nothing to them. Answer by giving the doctor's name, such as, "Dr. Smith's office," with a raise in your voice as though you were asking a question, or that you are willing and waiting to help the person calling. If there are two doctors in the office, say each name distinctly, with a slight pause in between, such as, Dr. Smith's and Dr. Jones' office. Your telephone company has worked out a good many suggestions that, if studied, will be a great deal of help to most of us in answering the telephone. If your speech is not so clear and distinct as it should be, deep breathing exercises and counting while holding the breath tend to deepen and strengthen your voice.

Answer your telephone on the first ring if at all possible. To the person who is calling the doctor, each second is a minute, so if the phone

rings five times before it is answered, he feels that he has waited five minutes for the doctor to answer. On the other hand the telephone company will tell you to let the phone ring ten times when you are calling a number before you conclude that the person you are calling is not there. If you are busy when the phone rings, whether talking to a patient, writing a receipt, or doing any other small piece of work, stop immediately if possible. If you are busy with a patient, say "Excuse me please," and then answer your phone, with no show in your voice that you are hurried or busy. The telephone company advises that to make your voice carry most pleasantly and at the same time clearly, speak directly into the mouth piece with your lips not more than half an inch away. Do this in a quiet, unhurried manner; no loud talking or shouting is necessary.

The telephone company will also give you a list of rules for pronouncing numbers and letters. These do not exactly correspond with your dictionary, but so many names and numbers sound alike over the telephone that when they are pronounced in the way they advise they are more easily understood. I will give you a few of them, and if you wish any more I am sure your telephone company will gladly supply you with them for the asking. They will also give you a talk on telephone usage if you will ask for it.

O—pronounce as if it were spelled oh with a round and long O.
One—pronounce as if it were spelled wun, with a strong W and N.
Two—pronounce, too, with a strong T and a long OO sound.
Three—pronounce th-r-ee, with a slight roll of the R, and a long EE.
Four—pronounce as fo-wer, two syllables with a strong F, long O and a strong final R.
Five—pronounce fi-iv, with a long i and a strong V, and so on.

When you answer the telephone—Dr. Smith's office—you will invariably get the remark, "Is Doctor Smith in?" your reply should be either, "Yes, doctor is here," or "No, not at this time." If he is in and so he can talk, connect him immediately, after saying, "One moment, please." If he is busy and cannot talk, tell them so and that if they will leave their number you will have him call them in just a few minutes. Keep a scratch pad and pencil at each telephone and one in your pocket, so that you will have one available for this purpose—do not trust yourself to remember these messages, because if you get busy you will forget. If he is not in, ask their name and telephone number and tell them you will have the doctor call them as soon as possible. Again your voice plays a big part in getting the information that you want. Do not neglect these telephone calls. If when calling the doctor to tell him about them, you find he is in surgery or delivering a baby, try to find out how long he will be and then call back and tell them—your efforts will be appreciated. Handle all phone calls that you possibly can yourself, such as, making appointments, call about collecting, soliciting for office magazines etc. Your doctor will appreciate your handling these detail.

In closing a conversation on the telephone simply say "good-by," never give a vague "all-right" nor use the slang expression "O. K." Do not use the doctor's telephone for visiting with your own friends. A long conversation over the telephone might be the cause of a very sick patient, or an emergency case that would mean a good many dollars in your doctor's pocket, to go to another physician, or even mean the life of the patient. Ask your friends not to call during office hours, unless it is an emergency, then make that as short as possible. If you are making a call for your doctor, state in the beginning whose office is calling and briefly what you want, such as, "This is Dr. Smith's office, Dr. Smith would like to speak to Dr. Jones." Always when talking on a telephone, take complete command, refrain from stuttering, mumbling or saying "Ee-um, let's see," or "Listen"; state your business in a short concise form and do not be stingy with your "thank you's" for any favors.

Insurance Papers

I think a word could be said at this time about the insurance patient. All the papers that are necessary to make out on the Workmen's Compensation cases gave me a good many headaches, until we had printed cards made especially for these records. It is a card 8 inches by 5 inches and is kept in a file separate from all other records. On this card is a place for patient's name and address, firm for which he works, and the name of the insurance company that carries the liability. Age, marital

status and color, place for when first and final reports were in. History of injury, diagnosis and when and who took roentgenograms and the report of the x-ray findings. Examination of patient. On the back is a place for the charges. The first report is sent in as soon as possible. This, I can do in the morning without having to bother doctor with questions, and the final report as soon as we have finished with the patient. If a careful record is kept, these cases are very easy to handle and you will find that they are the best pay cases you have, so are well worth taking care of.

Mail

Taking care of the doctor's mail can come under another head. Everyone knows who works in a doctor's office, the untold amount of advertising that the doctor receives. After you have worked for him a short time you soon learn which ones he likes to look over and the ones that hit the wastepaper basket with only a passing glance. These you can open and discard, the checks you list very carefully, on your records and also on the deposit slip. All personal mail should be placed in one pile, in a convenient place on his desk so that he can go over it hurriedly when he first comes in. All insurance reports and requests for histories from other doctors can be placed in another pile. To these you should have their histories looked up and attached to the letters, so that when your doctor has a leisure moment he can fill these out with very little trouble. The bills should be placed in a drawer or special file after having been checked to see that they are correct. Then on or before the tenth of every month all bills should be paid. You can save the doctor time by writing the checks and placing them on his desk for his signature. He will appreciate your looking after these details for him. As you buy supplies and pay his bills, you should have a special book, correctly tabulated for your income tax records. I assure you, this kept up from day to day and month to month will save you and your doctor many a headache at the end of the year when this record has to be made out.

Collections

Now we reach the last but not least of our troubles, "Collections," which is to most doctors the hardest part of their profession. Each of us, I know, has our own particular theory of how we should approach this problem. Everyone will, however, agree that the primary necessity is the absolute confidence placed in us. Building upon this confidence, we must, of course, vary our program to suit the type of practice which our doctors enjoy. Thus, a collection procedure based upon a rural community will differ radically from that of the urban community.

There will be the necessity of pointing our collections toward varied "Crop Types," as against partial payment system based upon pay rolls. In any procedure, however, we must remember that the work connected with this will rapidly grow into a Frankenstein and prove unworkable simply because of the volume of correspondence which it creates. Therefore, it has been considered advisable to eliminate, as much as possible, the personal element in dealing with routine collections. By this classification I mean the type of account which becomes, let us say, sixty to ninety days past due. I will endeavor to tell you some of the plans we use, not particularly because I believe that they are the best, but because they eliminate to a large extent the amount of personal correspondence required. In the case of the patient which is to be hospitalized, we immediately fill out a card which I will call Exhibit No. 1. The information on the back of this card is not filled out unless the patient immediately requests credit accommodations. The husband or the wife of the patient is contacted and such information regarding the status of the patient is obtained from that source. The Credit Bureau, if such is available, is called to ascertain the paying habits. We have experienced difficulty at times in obtaining information on people living in the country some distance from Topeka. I find however with very little trouble you can establish sources of information in various small towns, through the owners of mercantile stores, banks, etc. These people can be contacted by phone and any information they have available is obtained. Through the banks we can obtain the patient's attitude toward taking a loan that will combine the hospital and medical bill. We find in a great many cases the banker is already holding papers on the party and by discounting our bill, he is willing to combine them with the papers he already holds. If a patient is

willing to borrow the money to pay his bill in full, we are always willing to discount the bill to the extent of whatever interest he has to pay to get the money. In Kansas, the crop mortgage is good only for the year in which it is written. Naturally the mercantile company or the bank is going to take a mortgage, not only for the crop, but upon the livestock and any other tangible collateral which the patient may have. Thus, if, as so often is the case, the amount realized from the crop is insufficient to pay off the first mortgage, then the holder of that mortgage is unable to rewrite his crop lien without sacrificing his priority claim, as the law provides that the rewriting of such is evidence that the prior claim has been satisfied. In this way, you will see that the second mortgage has a very definite nuisance value.

In regard to the patient who has more or less steady income, there are two courses open to us.

1—To persuade the party to go to the bank and borrow from them the amount required. I am sure there are banks in all the larger places that have a special department for this type of loan.

2—To handle them ourselves through a partial payment plan.

The number two plan sems to be the more favorable, especially for obstetrics and surgery, as these generally are the larger types of bills. Take the obstetrical case and the charge would be, say $50.00, and you get the case at the fourth month of pregancy. A payment of ten dollars a month and your bill is paid by the time the baby arrives. In the operative case, the money starts a little later, as my doctor always tells them to pay the hospital bill first.

Now we come to the third type of procedure, and to my mind the most bothersome, which is that of dealing with the ordinary garden variety of open accounts. On this type of statement we send the bill once a month, sometimes on the first and sometimes on the 15th. We find quite often that if sent on the 15th we get more response than on the first, as they seem to have so many bills to take care of on the first. After ninety days, if we get no response, the account is considered delinquent and routine collection procedure is inaugurated. For this we have three letters we send out, one a month for three months. The first is as follows:

Name—
Address—
Amount of bill—

May we call your attention to your account with us in the above amount. We have sent you several statements which you may have overlooked. If you are unable to make prompt payment, kindly let us know when we can expect your remittance. If you cannot pay in full now, won't you please mail us a check for half, and send us the balance next month?

Please let us hear from you this week, without fail.

Yours truly,
(Signature)

If we do not get any response, then this letter is sent:

We again call your attention to the past due account listed above. We do not think it is your intention to evade the payment of your debts, and are assuming that you, like so many other people, have taken the mistaken attitude of saying nothing when you have been unable to pay.

Our doctor did not hesitate to serve you when you were in need of help. We appeal to your sense of fairness. Surely you could let us know the circumstance and possibly some plan could be worked out to insure payment of this account and yet work no hardship on you. You may be assured that we will go along with you on any reasonable arrangement you may care to make.

Yours truly,
(Signature)

And the third and last letter:

Our records indicate that we have sent you several statements and are forced to write you in an effort to make suitable settlement to this claim. We feel sure that you have no reason to contest the amount of these charges and we must look forward to the immediate payment of same.

It is going to be necessary to turn over to the Credit Bureau our list of delinquent accounts and we are sure you do not wish yours to be placed on a record that will affect your credit wherever you may go.

We should regret being forced to do this and we ask your coöperation in immediate settlement of this bill.

Yours truly,
(Signature)

Then, of course, if we get no response, the amount is turned over to our collection agceny to let them see what can be done. The bill that is turned over to the collector should be filled out in complete detail, as so often patients will dispute a certain item of the bill and if your collector has the complete information in front of him, he will be in a position to discuss this matter intelligently and to make proper adjustments without bothering your doctor.

Obviously, this type of letter is sent only those we know can pay and won't. Anyone who

has ever worked in a doctor's office knows that her doctor does an untold amount of work each year for the low salaried and indigent patients, for whom a charge is never placed on the books.

———MSMS———

Gall-Bladder Disease

Surgical Treatment*

L. J. Gariepy, M.D., and J. H. Dempster, M.D.
Detroit, Michigan

LOUIS J. GARIEPY, M.D.
M.D., University of Michigan, 1922. Senior Surgeon, Mt. Carmel Mercy Hospital; Consultant Surgeon, Wyandotte General Hospital, Wyandotte; Associate, Redford Receiving Hospital; Surgeon of Detroit Medical, Surgical and Dental Group. Member, Michigan State Medical Society.

■ THE discriminating surgeon who regards the reputation of his art will carefully select his operative cases and will confine surgical treatment to such conditions as gallstones, empyema, hydrops produced by stenosis of the cystic duct, obstructive jaundice due to stone in the common duct, or chronic pancreatis due to gallstone or gall-bladder pressure. Cholecystitis cases not benefited by dietary and medical treatment naturally belong to the domain of surgery.

Surgical treatment of gall-bladder disease is a matter of choice with the surgeon and needless to say it must be made to conform to the condition present. The surgeon may be a good technician, a good operator, but if his surgical judgment is not good, his results will be unsatisfactory.

The question of removal of the gall bladder rests entirely with the operator, who must take into consideration the condition of the patient as well as the condition of the gall bladder. I have in many instances drained gall bladders that I felt at the time should come out, but rather than subject the patient to greater risk, a drain was inserted and the gall bladder removed, in a few cases, three or four months later. When the abdominal cavity was opened for the secondary operation the gall bladder had almost entirely atrophied so that the symptoms of which the patient complained were evidently due to adhesions about the common duct.

*Read before the Staff of Mt. Carmel Mercy Hospital, Detroit, Michigan, Oct. 4, 1940.
Dr. Dempster's part in the study of gall-bladder disease, the treatment of which is presented in this paper, consisted in the x-ray diagnosis of the various cases under consideration.

Any abdominal operation should attain its object with as little trauma to the viscera as possible, to the end that shock may be minimized, postoperative discomfort reduced, convalescence shortened and adhesions prevented. With this in mind, all cases are prepared carefully so that if at all possible the abdomen may be closed without drainage. In suggesting as a routine procedure, the closing of the peritoneal cavity without drainage after a cholecystectomy, one departs from the standard technique to an extent that few surgeons would care to follow.

The obvious advantages from closing an abdominal wound without drainage after removal of the gall bladder are:

Few postoperative peritoneal adhesions.
Simple conditions, if necessity for re-opening arrives.
Simplified after-treatment and more rapid convalescence.
Less discomfort to the patient, no painful removal of drain.
Less danger of postoperative ventral hernia.
Avoidance of possibility of persistent sinus formation.
Avoidance of mechanical interference with gastric function due to pressure on duodenum, and partial or complete duodenal obstruction.
Less danger of bile leakage when gauze drain is used over the cystic stump.
Avoidance of pulmonary infarct, following the removal of the drain.

Cholecystectomy without drainage shortens the hospital time so much that the average patient can be discharged from ten to twelve days following the operation. This factor is also important when the finances of the patient are a matter of consideration.

Technique

In most cases the gall bladder is removed from above downward. I first aspirate the gall bladder with a special device which is a suprapubic aspirator pump to which is attached a sterile rubber tube inserted into a sterile bottle. This tube has a special fenestrated needle which is used for suction. The bile enters the bottle and the gall bladder is then easily removed from above downward with very little trauma or shock.

Routine management of the gall-bladder patient consists in elevating the bed on six inch blocks after the return from the operating room and providing him with a pneumonia jacket as well as a Scultetus binder. Glucose and saline are given intravenously as a routine and insulin is

given to diabetics. In many instances when post-operative vomiting is present, a small dose of insulin checks the nausea and vomiting.

Statistical Study

During the four-year period ending August 10, 1940, I have operated on 274 patients with gall-bladder disease. For convenience of study they are here tabulated:

TABLE I. DIAGNOSIS

Type	Cases	Percentage
Chronic cholecystitis	229	83.58
Acute cholecystitis	22	8.04
Hydrops of gall bladder	5	1.82
Empyema of gall bladder	9	3.29
Gangrene of gall bladder	3	1.09
Ruptured gall bladder	1	.36
Cancer of gall bladder	3	1.09
Common duct stone	2	.73

TABLE II. CHOLECYSTITIS

(Non-Calculus)

Type	No. of Cases	Percentage
Acute	9	3.29
Chronic	112	40.88
Empyema	3	1.09
Cancer	2	.74
Hydrops	1	.36

(Calculus)

Type	No. of Cases	Percentage
Acute	13	4.74
Chronic	117	42.70
Gangrenous	3	1.09
Empyema	6	2.19
Cancer	1	.36
Hydrops	4	1.46
Common duct stone	2	.74
Ruptured gall bladder	1	.36

TABLE III. AGE INCIDENCE

Age	No. of Cases	Percentage
0- 9	0	00
10-19	0	00
20-29	12	4.38
30-39	55	20.08
40-49	99	36.13
50-59	76	27.73
60-69	31	11.32
70-79	1	.36

The youngest male was 21 years; the youngest female also 21 years. The oldest male age 58 years and the oldest female age 75 years.

Sex	No. of Cases	Percentage
Male	37	13.23
Female	237	86.77

Deaths 8, or 2.92 per cent; 7 females and 1 male.

Glycosuria was found in 28 cases (25 females and 3 males) of gall bladder pathology, or 10.21 per cent.

Jaundice was found in 29 cases (24 female and 5 male). There was concurrent pathology in the appendix and an appendectomy because of concurrent pathology in 92 (33.57 per cent) of the 274 cases in conjunction with the gall-bladder surgery.

There were 65 cases (23.72 per cent) wherein the liver showed macroscopic pathology, such as both stages of cirrhosis and multiple cysts.

Concomitant pathology found at the time of the operation may be listed as follows:

Cancer of the liver—4 cases
Cancer of the ampulla of vater—1 case
Cancer of the pancreas—1 case
Cancer of the cecum—1 case
Multiple cysts of the liver—1 case
Peptic ulcer—3 cases
Sciatica—2 cases
Coronary thrombosis—1 case
One typhoid carrier
Acute pancreatitis—2 cases
Intestinal obstruction from a gallstone following a ruptured gall bladder—1 case

Drainage

There were 78 cases in which drains were left in the gall-bladder fossa. These drains were left in place for an average of 5.92 days. The shortest drainage period for this group was 2 days; and the longest drainage period, 14 days. There were 33 cases in which a cholecystotomy was done. In these cases the drainage tube was left in place on an average of 9.13 days. The shortest drainage period was 5 days; and the longest drainage period was 16 days.

Cholecystitis and Associated Conditions

Regarding the coincidence of cholecystitis with other diseases, no exhaustive study has been recorded. The association of gall bladder with other diseases is therefore largely a mater of clinical impression.

The association of diabetes with cholelithiasis, where the two conditions are concurrent, is presumed to be due to damage of the pancreas by extension of disease from the biliary passages. It is difficult to prove, says Allen (*loc. cit.*), that gallstones cause diabetes; the conclusion may be that the diabetes is secondary to the cholelithiasis or to other infection of the biliary tract. The association of diabetes and gallstones, particularly in women over 40 years of age, would warrant a search for the other condition when one

was found present. In other words, a diabetic patient past 40 should be examined for gallstones and the gallstone patient in the same age group should have frequent urinalyses to determine the presence of glycosuria. Seeing that pressure of gallstones on the head of the pancreas may be associated with diabetes, it is well to check over all diabetics to ascertain a positive cause of the disease. Though the percentage of diabetes resulting from gallstones may be small, the search is worthwhile. In my series of 274 cases which came to operation over a four-year period, glycosuria was found in 28, or a percentage of 10.21.

Cholecystitis is so common especially during the fourth, fifth and sixth decades of life that its incidence is only less than vascular and cardiac disease and diabetes. Operative treatment of cholecystic disease is very frequently followed by a concurrent improvement in some other coexistent disease. Many surgeons concur in the belief that such abdominal diseases as chronic hepatitis, pancreatitis and appendicitis are associated with gall-bladder disease. No association, however, has been noted between peptic ulcer and cholecystitis. Peptic ulcer is apt to be associated with the tall, narrow chested habitus; gall-bladder disease with the broad habitus.

In this series of 274 cases, 92 appendectomies were performed but I do not wish to leave the impression that appendicitis is a causative factor of cholecystitis or vice versa. I can see no necessary connection as in glycosuria and some forms of cholecystic disease. Many gall-bladder patients gave a history of symptoms that pointed to a chronic appendicitis sometime in their lives which had become quiescent or latent. A number of patients operated on by me for gall-bladder disease had also been operated on by other surgeons for appendicitis.

Conclusions

Patients operated on for gall-bladder disease of various types in the four-year period ending August 10, 1941, numbered 274. This number constitutes only those instances of gall-bladder disease which have been treated surgically.

In the matter of diagnosis reliance was placed on the clinical manifestations, together with x-ray study by the Graham-Cole method.

Cholecystectomy was the operation of choice. In a great majority of instances complete closure of the operative wound following operation was done. It is believed this practice has a distinct advantage over that of routine drainage.

The cases have been summarized on the basis of type of pathology, age and sex incidence and with regard to associated pathological conditions. We have found a certain relationship between some cases of glycosuria and gall-bladder pathology. This relationship warrants examination of the diabetic patient routinely for gall-bladder disease and, conversely, studying of each patient presenting a gall-bladder syndrome for evidence of a diabetic tendency.

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Epilepsy as a Traffic Hazard

L. E. Himler, M.D.

Ann Arbor, Michigan

L. E. Himler, M.D.

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■ The provisions of practically all of the forty-five states possessing operators' license laws include some type of restriction against individuals who are unfit to drive. Michigan's Act 91 of 1931, which is patterned after the so-called "Uniform Motor Vehicle Operators' and Chauffeurs' License Act," expressly prohibits licensing anyone who is "afflicted with or suffering from such physical or mental disability as will serve to prevent such person from exercising reasonable and ordinary control" while operating a motor vehicle upon the highways. License is also withheld from any person who has been adjudged by the courts to be "insane, or an idiot, imbecile, epileptic, or feeble-minded" and has not been restored to competency by judicial decree. Even then a driver's license is not granted unless and until the department given the responsibility for issuing licenses is satisfied that the individual is capable of operating a motor vehicle with safety to persons and property.

The necessity of uniform and effective measures aimed at eliminating the danger of epilepsy in traffic is self-evident when it is recalled that of the 500,000 or more patients with epilepsy in the United States, fully 450,000 are not in institu-

tions but are living in the community. Half of those have already begun to have attacks by the time they are old enough to drive cars, and two-thirds of them have had their first attack before they reached the age of twenty. Regardless of licensing restrictions, physicians who make special inquiry into this point are well aware that a considerable proportion of patients with epilepsy do not refrain entirely from driving motorcars. Although accidents from this cause are not unknown, up to the present time no statistical evidence is available which would disprove the belief held by both physicians and safety officials that traffic accidents attributable directly to epilepsy are quite infrequent.

A summary prepared by the National Safety Council for 1939 reveals that 0.5 per cent of the drivers involved in fatal accidents and 0.3 per cent of the drivers in non-fatal accidents had some physical defect "other than intoxication, fatigue, poor eyesight and poor hearing." This is equivalent to about 200 drivers in fatal accidents and approximately 4,000 drivers in non-fatal accidents. Epileptic disorders are not reported as such and of course cannot be arbitrarily presumed to constitute more than a fraction of even this restricted group, since under the same classification are included a variety of miscellaneous physical defects such as would hinder the use of arms and legs, cerebrovascular and cardiac conditions, acute uremia, acute acidosis, vertigo, narcotic poisoning, and sudden painful conditions which might result in syncope or temporary loss of control—to mention but a few.

Accident statistics alone, however, can give only very incomplete information on this subject, not only because patients who survive an accident would be disinclined to tell of their attacks, but more importantly because reporting police officials could scarcely be expected to recognize or distinguish post-seizure states from such causal conditions as fatigue or falling asleep. In this connection, one can only speculate on what proportion of the many accidents reported as "driving on wrong side of road," "driving off roadway," and "reckless driving" might be related to epileptiform states.

Some light is thrown on the incidence of epileptic patients who drive motorcars by reports dealing with traffic offenders. Among 100 unselected violators coming before the Detroit Recorder's Court during a single month, there was one with active epileptiform attacks and one with suspected epilepsy.[5] Of 348 offenders referred to the traffic clinic of the same court during 1937, a history of epilepsy was obtained in one and a question of epilepsy occurred in two other cases.[6] While the number of cases is too small to have general statistical validity, it is significant that in both groups of offenders the proportion with verified attacks is higher than for epilepsy among individuals of all ages in the population at large.

Plan for Regulation

Aside from the problem of enforcement, unconditional denial of driving privileges to all patients who have or have had any type of seizure, although the only completely safe method would result in manifestly unfair discrimination in many individual cases. In this category would fall those with seizures occurring only during sleep, and those who are certain of a sufficient warning period to prevent any mishap on the road. It is especially important to include in this group those patients who are free of attacks as long as they continue faithfully under medical treatment and supervision. What is said with respect to motorcar drivers, of course, applies equally to airplane pilots and those who operate motorcycles and bicycles on the highways.

Although methods of examining applicants for drivers' licenses vary markedly from state to state, inquiry concerning the presence or absence of "epilepsy" is generally designated as part of the duties of the police official in charge of registration. Since the term "epilepsy" as used by the layman is ordinarily restricted to mean convulsive seizures of the grand mal type, it is possible that some individuals might truthfully answer in the negative to such a routine question, and yet be afflicted with petit mal, psychomotor, or narcoleptic attacks which might be equally as dangerous in traffic as grand mal. The patient with petit mal seizures lasting over a second or two may be in even greater peril, since attacks of this type may occur quite frequently, generally with no warning, and often are related to sudden stress such as might come up in traffic situations. The writer has had contact with two such cases during the past year, one of whom reported numerous "close calls" and the other actually

went off the road twice during typical attacks, yet both of these patients were in possession of drivers' licenses, and although aware of the element of danger, did not consider themselves as "epileptic."

Confusion over interpretation of the term "epilepsy" can be avoided by requiring applicants to answer a specific written question referable to the presence of any type of paroxysmal condition. A composite driver's license application blank, proposed by the American Association of Motor Vehicle Administrators,[1] combines the experience of several states and includes the following as one of twelve questions:

> Have you ever had an attack of epilepsy, paralysis or heart trouble, or are you afflicted with fainting or dizzy spells or any disability or disease which might affect your ability to operate a motor vehicle in a safe manner at all times and under all conditions? (Yes or No). If you have, give date, and describe condition.

Applicants who answer affirmatively are then required to submit a physician's statement with regard to their competency to drive with safety. In Michigan, patients with epilepsy who have been free of attacks for at least two years may be granted or reissued a license after proper investigation by the Commissioner of the Traffic Division.

Privileged Communications

The wide variety and complexity of problems which arise in any consideration of the epileptic driver inevitably bring up questions relative to the sanctity of medical confidence and how far such a patient has the right to be protected by privileged communications. Dr. Monrad-Krohn, the Norwegian neurologist, states unhesitatingly that "in the face of a very real danger, it would seem that the community has a right to demand control even if it involves a necessary infraction of professional secrecy on this point."[4] At the Eighth Scandinavian Neurological Congress held in 1939 a unanimous resolution was passed recommending "that it be in some way established that it is a duty of practicing physicians without regard to their obligation of silence, in some way to notify the authorities, whenever in their practice they discover a patient suffering from epilepsy in the possession of a driving vehicle and making use of it."

An important step toward the solution of this problem was taken by the state of California, where in September, 1939, a law became effective designating epilepsy as a reportable disease.[2] Physicians in that state are now required to notify the State Department of Public Health of all patients with such a diagnosis, and this data is then made available to the Motor Vehicle Department. Failure of the physician to report constitutes a misdemeanor. In so far as it is possible to enforce a quarantine law of this type, the licensing of at least those patients who come under physicians' care because of obvious and undisputed grand mal will be effectively barred. However, because of the unsatisfactory status of the term "epilepsy," this regulation as it stands still allows for confusion and omissions, especially where seizures are not clearly defined or where the differential diagnosis is obscure. During the first six months the California law was in force, 2,780 cases were reported, but only 437 of this number were from counties not containing institutions in which epileptic patients were hospitalized.

Dr. Monrad-Krohn suggested a plan of another type which would avoid some of the above objections. This would require the physician by law to give a statement to all patients who are subject to paroxysmal disorders regarding their competency to drive a motor vehicle, a copy of which is submitted to the traffic officials. This step, while not placing the burden of a final decision on the physician, nevertheless makes it obligatory for him to acquaint the patient of the mutual responsibility which he shares with regard to traffic regulations. Final approval, denial, or restriction of drivers' license privileges might properly be vested in a duly authorized medical examiner, preferably one attached to the State Health Department. The patient should in no case be deprived of his right to petition for a hearing and submit statements relative to his condition from physicians of his own choice. While it may be objected that such a plan destroys confidential relationship and may discourage some patients from seeking medical aid, it might on the other hand actually strengthen the physician-patient relationship in the end, since a satisfactory period of observation and treatment opens the way for official recommendation for a license. Full professional secrecy would of necessity be required from traffic and police authorities who share confidential information with physicians under any such arrangement.

Method of Control

Whatever ultimate disposition is made of this complicated problem, it would seem only just in the interests of both society and the individual that no patient who is subject to seizures should be granted a license until proper investigation is made by a physician trained in neuropsychiatry who is equipped to make valid judgments concerning an applicant's fitness as a motorcar driver. Among the special diagnostic procedures utilized in the study of epilepsy, electroencephalography[3] has become outstandingly important. Repeated at regular intervals, the electroencephalogram gives an objective record which is invaluable both in substantiating the diagnosis and in providing an index of the effectiveness of treatment.

The medical, neurological and psychiatric appraisal of each case should include a satisfactory control period of observation as a basic requirement before a license or reinstatement is granted. Licenses granted to patients who have had seizures should be renewed on an annual basis, contingent upon the progress of the condition, the absence of organic or psychiatric contraindications, and adherence to a well regulated regime with relation to drugs and physical habits, including strict abstinence from alcohol. Follow-up information in addition to the physician's statement should include a social history from relatives and others who are closely acquainted with the case. The patient must be given to understand that his license to drive is directly dependent upon a successful therapeutic plan, and is by no means to be construed as official recognition that he is "cured" or that preventive procedures may be relaxed.

Summary

Viewed solely from the standpoint of available morbidity and mortality statistics, epilepsy and epileptic disorders probably do not account for a numerically alarming number of traffic accidents. As a road hazard the danger of epilepsy lies not in the frequency of its occurrence, but rather, like lightning, in its suddenness and unpredictability.

There is a real need for uniform regulations in all states with regard to the operation of motor vehicles by individuals who are subject to seizures, and these should be according to a plan which will not only insure maximum safety for the patients as well as others, but also one which would give physicians a means of adequately discharging their obligation both to the patient and to the community.

The danger of epilepsy in traffic situations can be largely controlled by a comprehensive, socially integrated, preventive approach. There is every likelihood that a concerted and efficient application of all the medical and legal measures at present at our disposal would bring the risk of accidents due to epileptic disorders to a humanly irreducible minimum.

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Intravenous or Retrograde Pyelography?

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■ Intravenous pyelography has been in use about 10 years and is gradually assuming its proper place in the diagnosis of urological lesions. Uroselectan was introduced in 1929 by Von Lichtenberg and Swick and has proved, indeed, a boon in the diagnosis of urological lesions. The formula of the iodine compound has been improved so much that now it is quite an innocuous substance in the vein or in the ureter.

It was thought at first that this new procedure would replace the use of the cystoscope and retrograde pyelography but, in spite of the tremendous advance made in the use of this substance, much ill-advised surgery must have been, and will be, performed, if reliance is placed solely on intravenous pyelograms. It should be considered an adjunct and not a complete diagnostic measure in most cases.

We made a survey of eighty-nine hospital (or bed) cases in which intravenous pyelography was done, the study of which serves as a guide to the evaluation of this modality. Table I reveals that females outnumber males to an appreciable extent, probably due to the fact that there are more abdominal complaints in women and therefore they have more of a need for differential diagnoses.

TABLE I

Number of Intravenous Pyelograms	89
Sex:	
Males	39
Females	50
Age:	
Oldest	82 yrs.
Youngest	14 mos.
Average	50 yrs.

The oldest patient was eighty-two years and the youngest was fourteen months; in the latter case the dye was given in the external jugular vein. A simpler manner of administration when it is difficult to get into the vein, or in the case of infants, is that of Nesbit's in which 20 c.c. of the iodine compound is mixed with 80 c.c. of normal saline and equal parts are injected over each scapula subcutaneously, preceded, possibly, by an injection of novocaine.[2]

Attention to certain details of technique will enhance the value of intravenous pyelography. We believe it is valuable to withhold fluids for at least twelve hours before the pyelograms are made so as to give a better concentration of the dye. One to two ounces of castor oil are given the night before and, if not contraindicated, ½ to 1 c.c. of pitressin is given one-half hour before the intravenous dye is given.

Immediately before the dye is given the patient is questioned as to his tendency to allergy or sensitiveness to iodine compounds. If this condition is present, the determination of the sensitivity to the dye should be obtained by the method of Dolan.[1] He recommends that 1 c.c. to 2 c.c. of the iodine substance be held in the mouth for about ten minutes. If no reaction occurs, the substance may be swallowed and one must wait another thirty minutes to determine the possibility of any sensitivity to the agent.

A slight Trendelenburg position is maintained throughout the taking of the pictures unless an upright position is desired for one of the films. In a group of hospital patients where such a high percentage have abdominal pain or renal colic and hence, usually, considerable gas, and where urgency may prevent adequate preparation of the patient, intravenous pyelography is encumbered with radiologic technical difficulties not usually found in the ambulatory patient.

Table II indicates the chief complaints of patients on whom the intravenous pyelograms were done.

TABLE II

Chief Complaint	Number
Pain	52
Frequency	7
Fever	6
Dysuria	3
Nausea and vomiting	0
Hematuria	2
Colic	0
Pyuria	1
Distention	1
Impotence	1
Diarrhea	1
Loss of weight and appetite	2
Anuria	1
Pruritis vulvae	1
Dyspnae	1
High blood pressure	1
Urgency	1
Nervousness	1
Not listed	7
Total number of cases	89

Pain in some part of the abdomen is by far the most frequent symptom and this justly so. Where symptomatology is indicative more of infection, hematuria, or a purely urinary complaint, cystoscopy and retrograde pyelograms will furnish the most complete evidence and at less delay to the patient.

Table III gives the diagnoses that were made from intravenous pyelograms.

In sixteen cases or 18 per cent no diagnosis could be made. Thirteen doubtful normal and twenty-five definitely normal pyelograms make thirty-eight cases or 42 per cent of the total. Doubtful normals are those wherein a little imagination is necessary to construct a picture of a normal pelvis but because of the good excretion of the dye and the remainder of the clinical

TABLE III

Diagnosis by Intravenous Pyelogram	Number
No diagnosis	16
Doubtful normal	13
Normal	25
Dilation of:	
Calices	11
Pelvis	18
Ureter	5
Bladder	0
Stone in:	
Parenchyma	3
Calices	3
Pelvis	2
Ureter	8
Bladder	0
Ptosis	4
Kink of ureter	6
Anomaly	0
Tumor	1
Miscellaneous	1
Nephrogram	2
Stricture	0
Double kidney	1
Rotation	1
Anomalous vessel (?)	2
Bladder tumor	1

history, they can be classified as normal. Thirty-four cases or 38 per cent give pictures of dilation somewhere in the urinary tract. It is in this instance that the intravenous pyelogram seems to give the best definition. The remainder of the cases are well distributed as to their occurrence.

Table IV reveals that a retrograde pyelogram was indicated and done in twenty-four of the cases. Indications for making the retrograde pyelograms were simply that the intravenous pyelogram could not tell us definitely and completely what pathology was present.

TABLE IV

Number of retrograde pyelograms	24
Diagnoses confirmed	10
Changes or additions in diagnoses following retrograde pyelogram	14

In ten cases the diagnosis by intravenous pyelography was confirmed and in fourteen cases there was an additional diagnosis made, or the diagnosis was changed by retrograde pyelogram. If these latter fourteen cases are added to the sixteen cases in which no diagnosis could be made, there is a total of thirty cases (30 per cent of the total) wherein intravenous pyelogram could not be relied upon as a diagnostic picture of the case.

There were nine kidney operations done in which the diagnosis was confirmed in seven and changed in two instances.

Conclusion

In conclusion it might be stated from these findings and experience that:

I. Patients of any age may be examined by intravenous pyelography.

II. The intravenous method is indicated in:

1. Differential diagnosis of obscure abdominal pain.

2. When the instrumentation of cystoscopy is contraindicated or where one wishes to shorten the procedure as much as possible by first obtaining as much information as one can by intravenous pyelography.

3. Tuberculosis of the genito-urinary tract, as instrumentation in these cases should be kept at a minimum.

4. Cases of stone, particularly in the kidney or ureter. Here intravenous pyelography is especially helpful because of obstruction in the tract if the obstruction has not been present long enough to embarrass the function of the kidney.

5. Double kidney or ureter which is sometimes missed by retrograde method.

6. Trauma of the genito-urinary tract where instrumentation is to be kept at a minimum.

7. Possible obstruction of the ureteral orifice by bladder tumor.

III. The intravenous method is contraindicated in:

1. Cases of known poor urinary function where pyelograms will not be obtained because no dye is excreted by the kidney.

2. Idiosyncrasy to the dye or history of allergy, particularly to iodine compounds, in which cases the determination of sensitivity should be obtained by the method of Dolan.

IV. In about one-third of the cases a complete diagnosis cannot be made by intravenous pyelography.

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President's Page

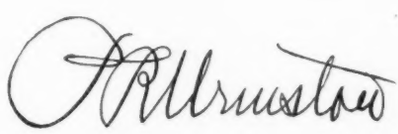
The Annual Meeting, and Farewell

THE complete program of the 1941 Annual Meeting of the Michigan State Medical Society appears in this number. For a state medical society, it is unique in quality, variety and size. Verily, it merits the paraphrased title of "Michigan's Medical World Fair."

Doctor, peruse the program in this issue. Incidentally the M.S.M.S. JOURNAL, each and every month, contains much information of value to you in your practice. I recommend to each member the good habit of carefully reading the monthly State Medical JOURNAL. It will share important dividends with the reader.

The final paragraph of this, my final page, is one of sincere appreciation and thanks to all who helped contribute to the progress of the year 1940-41. Any success of this administration can be traced to the generous work of our society committeemen and officers.

For my able successor, Henry R. Carstens, I solicit the same loyal support that has been my fortunate lot.



President, Michigan State Medical Society

EDITORIAL

HIS FATHER'S FOOTSTEPS

■ When Henry Carstens assumes the position of president of the Michigan State Medical Society at our Seventy-Sixth Annual Meeting in Grand Rapids in September unusual history will have been made, for it is the first time in the many years of organized medicine in Michigan and probably a most unusual coincidence in any state that a son of a previous president of a state medical society would achieve the same office.

Doctor Carstens' father, J. Henry Carstens, was born in Kiel, Germany, on June 8, 1848 and died in Detroit, August 7, 1920. The personal and professional history of the first Doctor Carstens is most interesting and thrilling. He came to Detroit with his parents as a small boy and graduated from Detroit Medical College in 1870. He began the practice of medicine immediately. For nearly fifty years he had lectured and taught various branches of medicine and surgery to generations of medical students. At the time of his death he was the President of the Detroit College of Medicine and Surgery and Professor of Gynecology at the same institution. He was on the staff at Harper Hospital and the Woman's Hospital. He had been president of the Wayne County Medical Society, an office which has already been filled by his illustrious son, and was president of the Michigan State Medical Society in 1909. He was a member of the Mississippi Valley Medical Association, the American Gynecological Association and the American College of Surgeons. Doctor Carstens took a great deal of interest in city politics and was candidate for mayor of Detroit on several occasions. He was formerly a member of the Detroit Board of Education and the Detroit Board of Health. For many years Doctor Carstens was an active member of the Harmony Club and also belonged to the Detroit Athletic Club and the Detroit Club. Doctor Carstens was one of the most widely known physicians not only in Michigan but throughout the United States.

The story of the present Dr. Henry Carstens hardly needs to be elaborated. After serving for a number of years as a member of The Council and as chairman of The Council he became president-elect last year. It is of particular note that he is governor of the American College of Physicians for the State of Michigan. He has been on The Council of the Wayne County Medical Society and has been its chairman. He is the president and medical director of the Michigan Medical Service and possesses an enviable reputation as an internist.

His keen mental perception, his sense of fairness and his unusual clear thinking mark him as a man who will lead the Michigan State Medical Society on to higher levels than ever before.

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YOUR WISH HAS COME TRUE

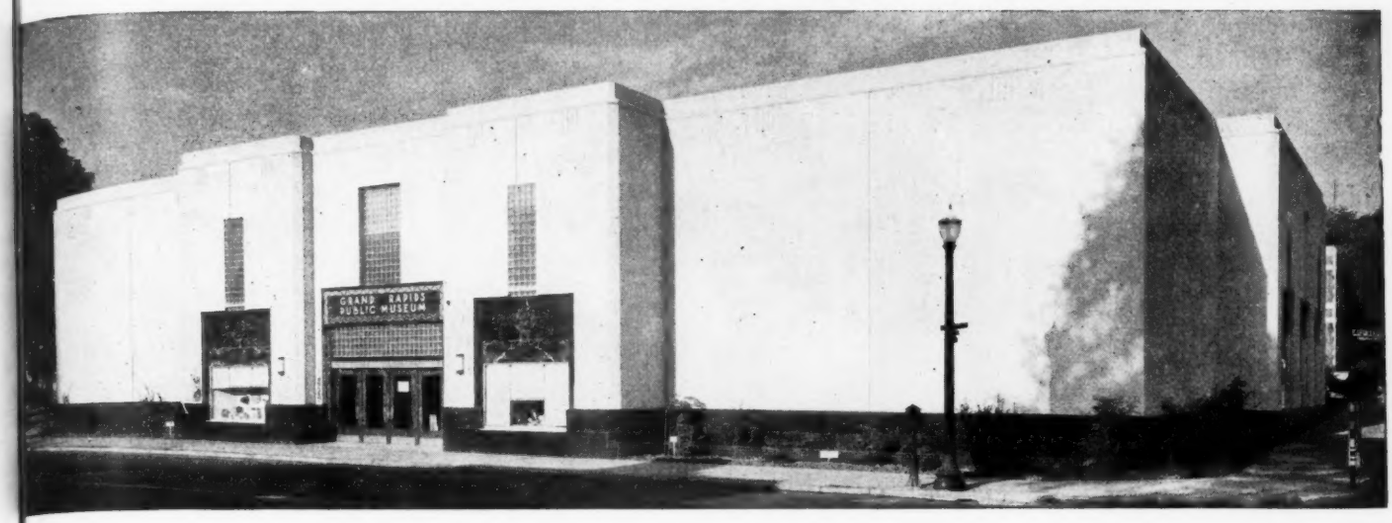
■ How many times have you wished, after listening to a noted authority speaking at a scientific meeting, that you could ask questions or have some points made more clear to you?

Your wish has come true.

After the Wednesday and Thursday sessions of the Annual Meeting of the Michigan State Medical Society, a discussion period will be held for the various departments of medicine at which the invited essayists will answer inquiries. It is something new, an innovation which makes one of the greatest of the state medical meetings even more valuable to you than before.

Sixteen of the world's best qualified specialists will present their views and findings to you in a public address, on these days, and then be available for your further questions at the close of the afternoon session. All the meetings are held in the same Civic Auditorium in the "Furniture Capital of America," the second city of Michigan.

If you are interested in medical progress you **must** attend the Seventy-Sixth Annual Meeting of the Michigan State Medical Society, September 17, 18, and 19; the biggest three days in medicine that Michigan has ever known.



GRAND RAPIDS PUBLIC MUSEUM

WHAT ABOUT GRAND RAPIDS?

Grand Rapids, the mecca for Michigan Medicine September 17, 18 and 19, has an interesting history with its rapid and distinctive industrial development. It is the second city in size in this state. The annual conventions of the Michigan State Medical Society have become so large that only two cities in the state have convention halls sufficient to accommodate the meetings, as well as exhibits which have become a most important feature of the annual meetings within recent years. The evolution of scientific medicine has caused a great development by way of invention of diagnostic and treatment equipment as well as refinement in drugs and foods intended for the sick.

Grand Rapids, we repeat, has an interesting history. The name is descriptive of the rapids in the Grand River. A little over a hundred years ago, one hundred and fifteen to be exact, Louis Campau, a French pioneer, established a trading post there, purchasing the ground for ninety dollars. A second pioneer was Lucius Lyon, who, having surveyed the site for the government, had intended to buy it for himself. He was forced to purchase it, however, from Campau at a much higher price. It is said that this transaction resulted in an estrangement between the two pioneers, the effect of which is seen in the present peculiar layout of the downtown district of the city. The two pioneers disagreed as to the name of the locality. Campau insisted on the name "Grand Rapids," while Lyon wanted it called "Kent" after a chancellor of New York state. The name of Chancellor Kent, however, is perpetuated in the name of the county. All this is a matter of history.

BUTTERWORTH HOSPITAL

Located in the midst of a lumbering district, from the beginning prosperity was assured to the town. Perhaps for more than anything else, Grand Rapids today is preëminently known throughout the nation as the Furniture City of America, just as Detroit is known throughout the world as the great automobile center.

Grand Rapids is characterized by the diversity of its industrial operations, best known of which is furniture manufacturing for which it is known the world over. There are more than 500 manufacturing establishments in the city, producing

more than 2,500 different products which are grouped mainly into woodworking, metalworking and miscellaneous. In the latter group are several large subdivisions including graphic arts, food

St. Mary's Hospital

products, paper products, gypsum mining and products, chemicals and textiles.

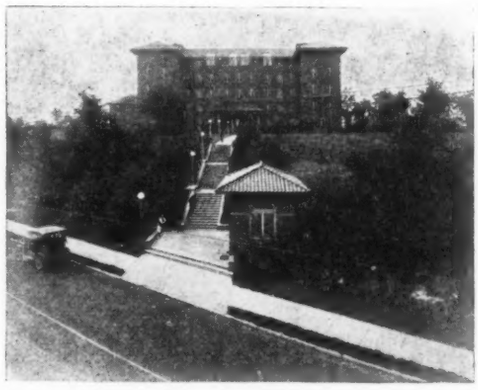
The metal industry vies for importance with the woodworking industry. A large number of plants are devoted to producing a wide variety of metal products including woodworking and metalworking machinery; hardware for automobiles, furniture, refrigerators, plumbing and building; automobile bodies and trailers and parts. This industry which employs thousands of men is one of the most rapidly developing industrial groups and is a very important factor in the economic well-being of the community.

Also Grand Rapids contains the largest sticky fly paper factory in the world, the largest producers of school, church and theater seats, carpet sweepers, metal belt lacers, gypsum products, window sash pulleys, paper boxes, automatic musical instruments and plumbing and bathroom fixtures. In order to indicate the versatility of Grand Rapids' manufacturing, a short list of a variety of products made there might prove interesting. Bodies for several nationally known makes of automobiles are built here. Its other contributions to the automotive world include nationally known tires and bumpers, as well as metal dash boards, hardware, refinements for car interiors, seat and back springs, and other parts and minor accessories.

To this list of Grand Rapids-made products may be added leather belting, cigars, mattresses, springs, bedding, flour, paints, varnishes, extracts, perfumes, filing devices, metal furniture and cabinets, underwear, hosiery, clothing, infants' and children's dresses, toilet preparations, factory trucks, factory conveyors, wrought iron products, elevators, emblem jewelry, radiator covers, motor boat propellers, face cream, fibre cord, laminated wood products, soaps and washing powders, ladies' ready-to-wear, crackers, candies, band instruments, golf clubs, golf balls, ski equipment and sporting goods. With attractive advantages to offer, negotiations are constantly being carried on to further extend the manufactories in this community.

Grand Rapids stands high as a printing center. There are some 60 plants in the city, and among them are producers of photoengraving, lithography, printing and very high-grade advertising literature.

The inhabitants of the city number 176,000. There are 2,560 retail establishments, 80 schools, 150 churches, 11 hotels and 27 theaters. Grand



Blodgett Hospital

Rapids is a city with a personality. It is essentially a city of homes, ministered to spiritually and culturally by the number of churches and schools mentioned. The material wants of the inhabitants are supplied by four large departmental stores and scores of small smart shops. It seems scarcely necessary to comment on Grand Rapids as a convention city, since the fact is already known to the medical profession of the state which has met there a number of times and has partaken of the hospitality of the city. The medical profession of Grand Rapids is progressive and equal in ability to that of any city on the continent.

THE 76TH ANNUAL MEETING

GRAND RAPIDS — 1941

CONVENTION INFORMATION

DIRECTORY

Headquarters and Registration....Civic Auditorium
Telephone: 9-1454 and 9-1475

Hotel Headquarters.....Pantlind Hotel
Scientific and Technical Exhibits..Civic Auditorium
General Assemblies, Black and Silver Ballroom
.....Civic Auditorium
Publicity, Press Room..Room A, Civic Auditorium
Telephone: 9-7201
M.S.M.S. Hospitality Booth.....
Exhibit Floor, Civic Auditorium
Woman's Auxiliary, Headquarters and Registration.....Pantlind Hotel

* * *

Register—Exhibit Floor, Civic Auditorium, Grand Rapids—as soon as you arrive.

Hours of Registration daily 8:30 a.m. to 6:00 p.m. on Tuesday, Wednesday and Thursday, September 16, 17, 18, and to 3:30 p.m. on Friday, September 19.

Admission by badge only, to all scientific assemblies and section meetings. Monitors at entrance.

Bring your M.S.M.S. or A.M.A. Membership Card to expedite registration.

No registration fee to members of the Michigan State Medical Society.

* * *

Guests—Members of the American Medical Association from any state, or from a province of Canada, and physicians of the Army, Navy and U. S. Public Health Service are invited to attend, as guests. Please present credentials at Registration Desk.

Bona fide doctors of medicine serving as interns, residents, or who are associate or probationary members of county medical societies, if vouched for by an M.S.M.S. Councilor or the president or secretary of the county medical society, will be registered as guests. Please present credentials at Registration Desk.

* * *

Physicians, not members, if listed in the American Medical Directory, may register as guests upon payment of $5.00. This amount will be credited to them as dues in the Michigan State Medical Society FOR THE BALANCE OF 1941 ONLY, provided they subsequently are accepted as members by their County Medical Society.

* * *

The Michigan State Medical Society Hospitality Booth is adjacent to the Registration Desk at the entrance of the Exhibit Hall. An M.S.M.S. Councilor or Officer will be in attendance at all times. Members are invited to stop at the Headquarters and meet the President and other M.S.M.S. officers.

* * *

Register at Each Booth—There is something new for you in the interesting and large exhibit (110 booths). Stop and show your appreciation of the exhibitors' support in making the Convention possible.

Telephone Service—Local and Long Distance telephone will be available at entrance to Black and Silver Ballroom in the Civic Auditorium, as well as in the Pantlind Hotel.

In case of Emergency, doctors will be paged from the meetings by announcement on the screen. Telephone numbers in the lobby of the Black and Silver Ballroom are: 9-1547; 9-1716; 9-1738. The Pantlind Hotel telephone number is: 9-7201.

* * *

Seven General Assemblies, Wednesday, Thursday and Friday, September 17, 18, 19.

* * *

The Seven Section Meetings will be held on Friday morning only, September 19. Luncheons will be sponsored by the Sections on

1. Obstetrics and Gynecology.
2. Ophthalmology and Otolaryngology.
3. Dermatology and Syphilology.

DISCUSSION CONFERENCES

These quiz periods will be held Wednesday and Thursday, September 17 and 18, 3:30 to 4:30 p.m. An opportunity to ask questions or to discuss one of your interesting cases with the guest-essayist will be provided.

Please submit your questions, on forms printed in the program, to the Secretary of the General Assembly immediately after the termination of the lecture, in order that the guest essayist may have time to consider same before the quiz period.

Public Meeting—The evening assembly of Wednesday, September 17—President's Night—will be open to the public. Invite your patients and other friends to this interesting meeting. The program (complete on page 726) is highlighted by:

8:00 p.m. President's Address
Induction of President-Elect.
9:00 p.m. Biddle Oration.
10:00 p.m. Entertainment (floor show) and dancing.

* * *

Checkrooms are available in the Pantlind Hotel, and in the lobby of the Exhibit Hall, Civic Auditorium.

MICHIGAN MEDICAL SERVICE

Second Annual Meeting of the Michigan Medical Service Membership will be held Wednesday, September 17, 4:30 p.m. in the Swiss Room, Pantlind Hotel. Members of Michigan Medical Service are all the members of the M.S.M.S. House of Delegates plus the Director of Michigan Medical Service. The Officers' Reports and Election of Directors will be on the agenda of the Annual Meeting.

PAPERS WILL BEGIN AND END ON TIME!

Believing there is nothing which makes a scientific meeting more attractive than by-the-clock promptness and regularity, all meetings will open exactly on time, all speakers will be required to begin their papers exactly on time, and to close exactly on time, in accordance with the schedule in the program. All who attend the meeting, therefore, are requested to assist in attaining this end by noting the schedule carefully and being in attendance accordingly. Any member who arrives five minutes late to hear any particular paper will miss exactly five minutes of that paper!

The Committee Organization Luncheon, a meeting of M.S.M.S. committee chairmen appointed by President-Elect Carstens to serve during the year 1941-42, will be held on Wednesday, September 17, 1941, 12:30 p.m. in the Furniture Assembly Room, Pantlind Hotel.

* * *

American Medical Women's Association, Michigan Branch, will meet Tuesday, September 16, Pantlind Hotel, 1:00 p.m. (luncheon), followed by a business meeting at 2:00 p.m.

At the 6:30 p.m. dinner, Myra Babcock, M.D., Detroit, will speak on "Status of Women Physicians in the National Defense Program," followed by a round-table discussion.

All women physicians are cordially invited to attend this meeting.

A Special Meeting of M.S.M.S. Delegates will be held Monday, September 15, 1941 at 8:00 p.m. in the Swiss Room, Pantlind Hotel, Grand Rapids. All M.S.M.S. Delegates and members are invited and urged to attend this session at which the Afflicted-Crippled Child Laws, Medical Welfare, Michigan Medical Service, and other subjects will be discussed.

The Michigan Branch of the American Academy of Pediatrics will hold a dinner in the Pantlind Hotel, Thursday evening, September 18, 6:30 p.m. W. C. C. Cole, M.D., 1077 Fisher Building, Detroit, is in charge of arrangements.

* * *

The Northwestern University Medical School Alumni luncheon will be held at the Peninsular Club, Grand Rapids, Thursday, September 18, at 12:15 p.m.

All Northwestern Medical School Alumni are cordially invited to attend this luncheon. E. W. Schnoor, M.D., 216 Medical Arts Bldg., Grand Rapids, President of the Northwestern A-1 Club of the host city, is Chairman.

* * *

Acknowledgment—The Michigan State Medical Society sincerely thanks the following friends for their sponsorship of lectures at the 1941 meeting:

Sponsor	*Lecturer*
Children's Fund of Michigan	Borden S. Veeder, M.D., St. Louis, Mo.
W. K. Kellogg Foundation	James R. McCord, M.D., Atlanta, Ga.
Michigan Department of Health	Anthony J. Lanza, M.D., New York City.
Michigan Tuberculosis Association	Charles E. Lyght, M.D., Northfield, Minn.

Essayists are very respectfully requested not to change time of lecture with another speaker without the approval of the General Assembly. This request is made in order to avoid confusion and disappointment on the part of the audience.

SMOKER

Thursday, September 18, at 9:00 p.m., Ballroom, Pantlind Hotel. Admission by card to members only.

Scientific and Technical Exhibits—110 displays—will open daily at 8:30 a.m. and close at 6:00 p.m. with the exception of Friday, when the Exhibits will close at 3:00 p.m. Intermissions to view the exhibits have been arranged during the morning and afternoon General Assemblies.

Please Register at Each Booth

* * *

Golf Tournament—Monday, September 15, 1941, beginning at 12:00 Noon at beautiful Kent Country Club. Plan to participate in this 18-hole tournament and win a prize. Competition open to all members of the Michigan State Medical Society. Five Flights, for Beginners, Dubs and Experts. Banquet and presentation of prizes at Kent C. C., 6:30 p.m. The price: $3.00.

* * *

Parking—Do not park your car on the street. Convention parking near the Civic Auditorium will be marked off with suitable sidewalk signs. The Grand Rapids Police Department will issue courtesy cards (at Registration Desk) for out-of-town autos, which give parking privileges but do not apply to metered spaces. Nearby parking lots are available, as well as convenient indoor parking facilities. The indoor parking rates at the Pantlind Garage is 50 cents for twenty-four hours. Parking is free for twenty-four hours with one of the following services: (a) car wash; (b) complete lubrication; (c) oil change; (d) purchase of 10 gallons of gasoline.

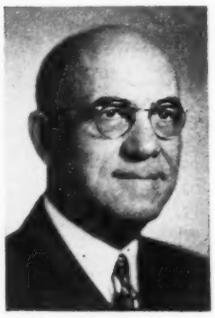
COUNTY SECRETARIES' CONFERENCE

Grill Room **Pantlind Hotel**

Wednesday, September 17, 1941

LUNCHEON — 12:00 to 1:30 p.m.

E. B. ANDERSEN, M.D., Iron Mountain, Presiding.



JOHN M. PRATT

Program

1. "What's Going on in Michigan" (10 min.) L. FERNALD FOSTER, M.D., Bay City, Secretary, Michigan State Medical Society.
2. "What's Going on in Washington" (30 min.) JOHN M. PRATT, Chicago, Executive Administrator, National Physicians Committee.

All Members of the State Society will be Most Welcome at This Conference

Symposium on

"THE BUSINESS SIDE OF MEDICINE"

Grill Room

Pantlind Hotel—Grand Rapids

Tuesday, September 16, 1941

12:30 to 4:30 p.m.

(Subscription Luncheon, 12:30 p.m.)

STANLEY R. MAUCK

R. G. LELAND, M.D.

Program

WILFRID HAUGHEY, M.D., Battle Creek, Presiding

1. Welcome
   HENRY R. CARSTENS, M.D., Detroit, President-Elect, Michigan State Medical Society
2. Michigan Medical Service Billing
   L. FERNALD FOSTER, M.D., Bay City, Member, Board of Directors, MMS.
3. "Better Records in Half the Time"
   JOHN J. WELLS, Detroit, Manager, The Physicians Bookkeeper
4. "Handling the Doctor's Accounts Receivable Problem"
   STANLEY R. MAUCK, Columbus, Ohio, President, National Association Professional Bureau Managers
5. Round-table discussion
   Led by R. G. LELAND, M.D., Chicago, Director, Bureau of Medical Economics, American Medical Association

Preview of M.S.M.S. Technical Exhibit (4:30 to 5:15 p.m.)

This meeting is arranged especially for the secretaries and office assistants of members of the Michigan State Medical Society. Physicians are urged to send their office secretaries to this meeting; the suggestions and ideas offered at this session will more than replay the doctor for doing so. There is no registration fee, only a charge made by the hotel for luncheon.

Guest Golf—The Chairman of the Grand Rapids Committee has arranged that M.S.M.S. members may play at all country clubs in the Grand Rapids District upon presentation of M.S.M.S. Membership Card and payment of greens fees.

Wm. A. Hyland, M.D., Metz Building, Grand Rapids, is General Chairman of the G. R. Committee on Arrangements for the 1941 M.S.M.S. Convention.

* * *

Postgraduate Credits given to every member who attends the M.S.M.S. General Assembly, Wednesday, Thursday, Friday, September 17, 18, 19, at Grand Rapids

* * *

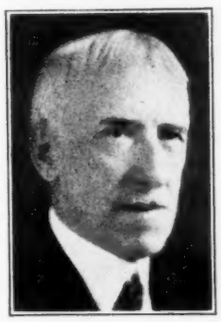
Press Committee: J. Duane Miller, M.D., Chairman; Leon DeVel, M.D., and Torrance Reed, M.D.

* * *

R. A. BIER, M.D.

"The Physician in National Defense" will be the subject of a brief presentation by Robert A. Bier, M.D., Major, Medical Corps, Medical Headquarters for the Selective Service System, Washington, D. C. This ten-minute talk will be given at the Third General Assembly — President's Night — Wednesday, September 17, 8:30 p.m. in the Ballroom of the Pantlind Hotel.

Andrew P. Biddle, M.D., well-known patron of Postgraduate Medical Education in Michigan, will present the Biddle Oration Scroll to Alphonse Schwitalla, S.J., Dean, St. Louis Medical School, September 17, 9:00 p.m., Ballroom, Pantlind Hotel.



A. P. BIDDLE, M.D.

To the MSMS Convention!

SCIENTIFIC EXHIBITS

I University of Michigan Medical School

"Ventriculography"

This diagnostic procedure requires numerous technically perfect roentgenograms of the skull made in several projections. For this exhibit only the most diagnostic films of each case have been selected and they display deformities of the ventricular system caused by tumors involving all parts of the brain.

II Wayne University College of Medicine,

Department of Medicine

in collaboration with the

Michigan State Department of Health

"Treatment of Pneumococcic Pneumonia"

This exhibit covers diagnosis, prognosis, general management and specific treatment of pneumococcic pneumonia. Detailed consideration is given to sulfathiazole and serum. Results with sulfathiazole are presented and toxic manifestations are illustrated. Representative cases are included, to show the clinical response to specific treatment and the effect of serum and chemotherapy upon pneumococci in the sputum.

III W. K. Kellogg Foundation,

Battle Creek

The W. K. Kellogg Foundation scientific exhibit will be a series of colored photographs showing the methods through which the Foundation is assisting in the improvement of medical practice. At present the efforts of the Foundation are confined to the seven counties of Allegan, Barry, Branch, Calhoun, Eaton, Hillsdale, Van Buren. The Foundation is assisting the doctors in three ways: 1. Providing opportunities and fellowships for education. 2. Assisting in the provision of medical facilities—(a) Hospital, (b) X-ray, (c) Clinical Laboratory, (d) Nursing, (e) Consul tative, 3. Preventive Medicine. The Foundation provides financial assistance for promoting medical examinations, immunizations, tuberculosis examinations. It also assists in subsidizing health departments which co-operate with the medical society in the development of preventive programs. There are no clinics in this area and the policies and procedures are developed by the county medical society itself.

IV Michigan Department of Health
Lansing, Michigan

"Care of Premature Infants"

The Michigan Department of Health will display equipment for the care of premature infants. The Department's recently developed incubator will be demonstrated together with types of heated beds. Charts will show premature death rates by counties and maps will indicate locations of hospitals to which incubators have been loaned by the Department.

V Blodgett Hospital
Grand Rapids, Michigan

1. The treatment of burns from the corrective and Plastic Surgery standpoint. This is an exhibit demonstrating the skin grafting of recent burns, and the management of scars, contractures, and deformities resulting from burns.
2. A teaching exhibit for the General Practitioner, showing typical x-ray findings in the more common bone tumors, both benign and malignant—a minimum of reading material.
3. Diabetes Mellitus. An exhibit showing the causes of glycosuria with the differential diagnosis.

VI Butterworth Hospital
Grand Rapids, Michigan

"Clinical Analysis of 550 Endometrial Biopsies"

A clinical analysis of 550 endometrial biopsies is presented by the Department of Gynecology and the Department of Pathology of Butterworth Hospital. While this material represents a study of a variety of gynecological conditions, our interest is chiefly concerned with the clinical analysis of the factors involved in 55 consecutive sterility patients. Endometrial biopsies showed that the dominant sterility factor in 12 patients of this group was due to failure of ovulation. Eight of these anovulatory patients were given injections of mare's serum. Subsequent endometrial biopsies showed evidence of ovulation in all but one patient of the treated group. These results are outlined in case history form and illustrated by photomicrographs.

VII St. Mary's Hospital
Grand Rapids, Michigan

"St. Mary's Hospital—a Tribute to the Sisters of Mercy—Pioneer Nurses of Michigan"

This exhibit will depict a scene in the first Mercy Hospital of Michigan during the early lumbering days. Equipment, costumes and instruments will be on display as used during that period in the care of the sick and injured.

VIII Medical Superintendents of
State Hospitals

Demonstration of Neuropathologic Specimens by the Michigan State Hospitals for Mental Disease and the Neuropsychiatric Institute

Neuropathologic exhibit of about 150 specimens which represent: 1. Gross specimens of the brain showing various organic diseases of particular interest to the physician in general practice. 2. Diagrams illustrating heredity in nervous and mental disorders. 3. Photographs of specimens showing particularly marked pathologic changes. 4. Large brain sections for demonstrations of tumors, gross cerebral atrophy and other conditions of interest.

IX Michigan Tuberculosis Association
Lansing, Michigan

"Chest X-ray Methods"

Exhibit showing comparison of various methods of making chest roentgenograms, in private practice and mass surveys, with brief comments on advantages and disadvantages of each method. The methods included are: Fluoroscope, single 14 x 17 film, stereoscopic films, paper roll, fluorography with 35 mm. film and fluorography with 4 x 5 film. Each method is shown by (a) diagram illustrating the basic physical principles; (b) photograph of the apparatus; (c) actual x-ray; (d) brief comments. The X-ray films and photographs are all of the same case. Across the top of the exhibit are transparencies done in the Isotype technic of the various methods illustrated.

X U. S. Army
Selective Service System

"Military Information"

To aid the members of the medical profession who may attend the State Convention, arrangements have been made to have qualified representatives of the Army Medical Corps and a representative of State Selective Service Headquarters available at the Military Information Booth in the Exhibit Hall during the Convention. Information on commissions in the Medical Department of the Army, Navy and Marine Corps may be obtained from official representatives. Questions concerning examination of selectees may be answered by the official representative of Selective Service.

XI American Medical Association
Chicago, Illinois

"Use and Abuse of Barbiturates"

An exhibit from the Council on Pharmacy and Chemistry consisting of posters showing the use and abuse of the barbiturates; a chart giving the names and chemical formulas of thirty products on the market; an exposition file and New and Nonofficial Remedies giving additional information.

XII American College of Surgeons
Grand Rapids Committee of
Regional Fracture Committee

"Fracture Exhibit"

Photographs of fracture films and exhibit of splints, also fracture primers will be shown.

PROGRAM SYNOPSIS

MONDAY, SEPTEMBER 15

12:00 Noon M.S.M.S. Golf Tournament
Kent Country Club, Grand Rapids

3:00 P.M. Meeting of The Council, M.S.M.S.
Service Club Lounge, Pantlind Hotel

6:30 P.M. Golfers' Banquet and Presentation of Prizes
Kent Country Club

8:00 P.M. Special Meeting for Delegates and Members
Swiss Room, Pantlind Hotel

TUESDAY, SEPTEMBER 16

8:00 A.M. Delegates' Breakfast
Swiss Room, Pantlind Hotel

9:00 A.M. First Session, House of Delegates
Grand Ballroom, Pantlind Hotel

12:30 P.M. Symposium on "Business Side of Medicine"
Grill Room, Pantlind Hotel

3:00 P.M. Second Session, House of Delegates
Grand Ballroom, Pantlind Hotel

5:15 P.M. Preview of Scientific and Technical Exhibits for members of House of Delegates and M.S.M.S. Officers
Exhibit Floor, Civic Auditorium

8:00 P.M. Third Session, House of Delegates
Grand Ballroom, Pantlind Hotel

WEDNESDAY, SEPTEMBER 17

8:30 A.M. Registration: Exhibits Open
Exhibit Floor, Civic Auditorium

9:30 A.M. First General Assembly
Black and Silver Ballroom, Civic Auditorium
(For detailed program see page 723)

12:00 Noon County Secretaries' Conference
Grill Room, Pantlind Hotel

12:30 P.M. Committee Organization Luncheon
Furniture Assembly Room, Pantlind Hotel

1:30 P.M. Second General Assembly
Black and Silver Ballroom, Civic Auditorium
(For detailed program see page 725)

3:30 P.M. Discussion Conferences
(See Outline, page 724)

4:30 P.M. Second Annual Meeting of Members of Michigan Medical Service
Swiss Room, Pantlind Hotel

5:30 P.M. Meeting of Board of Directors, Michigan Medical Service
Room 122, Pantlind Hotel

8:30 P.M. Third General Assembly — PRESIDENT'S NIGHT—PUBLIC MEETING
Ballroom, Pantlind Hotel
(For detailed program see page 726)

THURSDAY, SEPTEMBER 18

8:30 A.M. Registration: Exhibits Open
Exhibit Floor, Civic Auditorium

9:30 A.M. Fourth General Assembly
Black and Silver Ballroom, Civic Auditorium
(For detailed program see page 726)

1:30 P.M. Fifth General Assembly
Black and Silver Ballroom, Civic Auditorium
(For detailed program see page 728)

3:30 P.M. Discussion Conferences
(See Outline, page 724)

6:30 P.M. Fraternity and Alumni Banquets

9:00 P.M. Sixth General Assembly—SMOKER (For Members Only)
Ballroom, Pantlind Hotel
(For detailed program see page 728)

FRIDAY, SEPTEMBER 19

8:30 A.M. Registration: Exhibits Open
Exhibit Floor, Civic Auditorium

Meetings of Sections

9:00 A.M. (1) Section on General Medicine
Ballroom, Pantlind Hotel
(See page 729)

8:30 A.M. (2) Section on Surgery
Black and Silver Ballroom, Civic Auditorium
(See page 729)

9:30 A.M. (3) Section on Obstetrics and Gynecology
Grill Room, Pantlind Hotel
(See page 730)

(4) Section on Ophthalmology and Otolaryngology

9:30 A.M. Ophthalmology
Room F, Civic Auditorium
(See page 730)

9:00 A.M. Otolaryngology
Room G, Civic Auditorium
(See page 730)

9:00 A.M. (5) Section on Pediatrics
Swiss Room, Pantlind Hotel
(See page 731)

9:30 A.M. (6) Section on Dermatology and Syphilology
Directors Room, Civic Auditorium
(See page 731)

9:30 A.M. (7) Section on Radiology, Pathology and Anesthesia
Red Room, Civic Auditorium
(See page 732)

1:30 P.M. Seventh General Assembly
Black and Silver Ballroom, Civic Auditorium
(For detailed program see page 733)

4:30 P.M. End of 1941 Convention

Councilor Districts of the Michigan State Medical Society

WOMAN'S AUXILIARY

MRS. R. V. WALKER
President

GRAND RAPIDS CONVENTION COMMITTEE

Mrs. Thomas C. Irwin, Chairman
Mrs. A. V. Wenger, Co-Chairman
Mrs. Henry J. Vandenberg, Banquet
Mrs. Henry J. Pyle, Finance
Mrs. George H. Southwick, Flowers
Mrs. Merrill M. Wells, Hospitality
Mrs. Leon C. Bosch, Printing
Mrs. William A. Hyland, Luncheon
Mrs. R. S. VanBree, Publicity
Mrs. W. D. Lyman, Registration
Mrs. Carl F. Snapp, Transportation

MRS. T. C. IRWIN
Convention Chairman

OFFICERS, 1940-41

Mrs. Roger V. Walker, Detroit.....President
Mrs. William J. Butler, Grand Rapids.....President-elect
Mrs. Oscar D. Stryker, Fremont.....Vice President
Mrs. A. O. Brown, Detroit.....Secretary
Mrs. H. L. French, Lansing.....Treasurer
Mrs. L. G. Christian, Lansing.....Past President
Mrs. Guy L. Kiefer, East Lansing.....Honorary President

PROGRAM

Tuesday, September 16, 1941

10:00 A.M. Registration—Pantlind Hotel

1:00 P.M. Luncheon, Pre-convention Board Meeting—Woman's City Club, 1940-41 Board Members and County Presidents

Wednesday, September 17, 1941

10:00 A.M. Registration—Pantlind Hotel

10:30 A.M. Formal Opening of Convention—Kent Country Club

Presiding—Mrs. Roger V. Walker, Detroit
Address of Welcome—Mrs. Charles F. Ingersol, Grand Rapids
Response—Mrs. Oscar D. Stryker, Fremont
In Memoriam—Mrs. K. L. Crawford, Kalamazoo
Reading of Minutes—Mrs. A. O. Brown, Detroit
Report of Treasurer—Mrs. H. L. French, Lansing
Auditor's Report—Mrs. H. L. French
Report, Convention Chairman — Mrs. Thomas C. Irwin, Grand Rapids
Credentials and Registration — Mrs. W. D. Lyman, Grand Rapids
Report of Special Committee and President's Message — Mrs. Roger V. Walker
Reports of Standing Committees
Report of Committee on Nominations
Election and Installation of Officers
Presentation of Pin
Courtesy Resolutions
Adjournment

1:00 P.M. Luncheon at Kent Country Club

Presiding—Mrs. Thomas C. Irwin
Presiding Officer—Mrs. Roger V. Walker
Reports of County Presidents
Adjournment

4:00 P.M. Post Convention Board Meeting

Presiding—Mrs. William J. Butler, Grand Rapids
1941-42—Board Members and County Presidents

8:30 P.M. President's Night, Michigan State Medical Society, Pantlind Ballroom. Floor show and dancing.

For M.S.M.S. members, their wives and guests

Thursday, September 18, 1941

6:30 P.M. Reception for National President, Past Presidents of Michigan Auxiliary and Board Members

7:00 P.M. Banquet—Swiss Room, Pantlind Hotel

Presiding—Mrs. Roger V. Walker, Detroit
Chairman—Mrs. Thomas C. Irwin, Grand Rapids
Introduction of Past Presidents
Address—Mrs. R. E. Mosiman, Seattle, Washington, National President, Woman's Auxiliary to A.M.A.
One-act play

WEDNESDAY MORNING
September 17, 1941

First General Assembly

Black and Silver Ballroom—Civic Auditorium

A. S. BRUNK, M.D., Presiding

L. FERNALD FOSTER, M.D., and ROGER V. WALKER, M.D., Secretaries

A. M.

9:30 "Arthritis—A Curable Disease?"

RUSSELL L. CECIL, M.D., New York City

RUSSELL L. CECIL

B.A., Princeton University, 1902; M.D. Medical College of Virginia, 1906; Sc.D., Medical College of Virginia, 1928. Entered Army in June, 1917; served as Director of Laboratories at Camp Upton, N. Y., and Camp Wheeler, Georgia; served at Army Medical School and appointed Head of Commission for Study of Pneumonia by Surgeon General, 1917 to 1919. He is now Professor of Clinical Medicine, Cornell University Medical School; Professor of Medicine, Polyclinic Medical School and Hospital; he also holds several other important appointments. Doctor Cecil has published several works on the subjects of pneumonia, arthritis and rheumatism.

The curability of arthritis varies with the type. Some of the specific forms, such as gonococcal or meningococcal arthritis, are readily curable by sulphonamide therapy. The arthritis of rheumatic fever, usually yields promptly to salicylates, but unfortunately the cardiac injury persists. Subacute infectious arthritis often disappears permanently after a focus of infection has been removed. Rheumatoid arthritis is an extremely difficult disease to cure, though a certain small percentage of these patients do make a permanent and complete recovery. More often the life history of the disease is characterized by "ups and downs," which go on indefinitely, with periods of remission being followed by periods of exacerbation. Gold salts offer more promise of permanent relief in the treatment of rheumatoid arthritis than any other remedy so far described.

Osteo-arthritis is also a chronic persistent ailment which may yield readily to rest and physiotherapy, but has a strong tendency to return when the joints are overused. Gouty arthritis starts with acute attacks from which the patient recovers completely when treated promptly with colchicine. Chronic gouty arthritis does not yield so quickly to remedial agents.

———MSMS———

There are eleven golf courses on any of which it will be possible to arrange for you to play while attending the Annual Meeting of the Michigan State Medical Society, September 17, 18, and 19 at Grand Rapids.

———MSMS———

You will have an opportunity to visit the only furniture museum in the United States (which includes exhibits of original masterpieces, modern creations of master designers and craftsmen and exhibits of the development of the furniture industry of Grand Rapids and furniture manufacturing material and processes) while attending the Annual Meeting of the Michigan State Medical Society, September 17, 18, and 19 at Grand Rapids.

10:00 "Acute Appendicitis—A Twenty-five Year Study"

ELLIOTT C. CUTLER, M.D., Boston
(STANLEY O. HOERR, M.D., Boston, Associate in Study)

ELLIOTT C. CUTLER

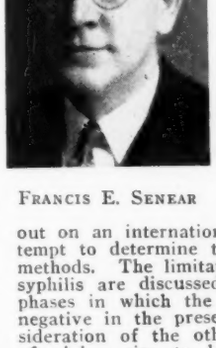
A.B., Harvard, 1909; M.D., Harvard Medical School, 1913; Honorary Doctorate, University of Strasbourg, 1938. Served in World War as Major, Medical Corps; Lt. Colonel, Medical Corps Reserve, since 1924; decorated with Distinguished Service Medal. Chairman, Department of Surgery, and Director of Laboratory of Surgical Research, Harvard, 1922-24; Professor of Surgery, Western Reserve University School of Medicine, 1924-32; Consulting Surgeon, New England Peabody Home for Crippled Children, 1932 to present; Moseley Professor of Surgery, Harvard, 1932 to present; Surgeon-in-Chief, Peter Bent Brigham Hospital. Doctor Cutler is a member of many medical and social organizations.

The deaths from acute appendicitis occur, as is well known, in patients in whom peritonitis has already developed when they first reach the hospital. Early diagnosis and avoidance of catharsis through education both of the laity and the profession remains as important today as it was twenty-five years ago. Today, however, strict attention to the details of pre-operative and postoperative management, including fluid and electrolyte balance, use of chemotherapy, and gastro-intestinal syphonage is saving lives that would previously have been lost. Hospital morbidity in severe cases is cut down by the general use of the McBurney incision, less frequent drainage of the peritoneal cavity, and partial closure of the wound by leaving the skin open.

10:30 INTERMISSION TO VIEW THE EXHIBITS

11:00 "Serologic Aspects of Syphilis"

FRANCIS E. SENEAR, M.D., Chicago



FRANCIS E. SENEAR

B.S., University of Michigan, 1912, M.D., 1914. Professor and Head of Department of Dermatology, University of Illinois College of Medicine since 1923. Member of Serologic Evaluation Committee, U. S. Public Health Service, American Medical Association, Chicago Dermatological Society, Society of Investigative Dermatology, the American Academy of Dermatology and Syphilology, the American Dermatological Association.

The multiplicity of serodiagnostic tests for syphilis is discussed together with a review of the studies carried out on an international and national scale in an attempt to determine the best available sero-diagnostic methods. The limitations of the diagnostic tests for syphilis are discussed with a consideration of these phases in which the serologic reaction is apt to be negative in the presence of disease and with a consideration of the other disorders which are capable of giving rise to biologic false positive reactions. Methods offered to distinguish between the true syphilitic reaction and the biologic false reaction are considered and their usefulness is discussed. The significance of positive cord blood findings is discussed and the significance of changes in the strength of the reaction of the cord blood are considered. The paradoxical false positive reactions occurring in individuals with no signs of syphilis and with no other disease to account for them are of great significance and are met with sufficient frequency to make their recognition a matter of great importance to the practitioner.

11:30 "The Medical and Other Implications Which Relate to An Aging Female Population"

GEORGE W. KOSMAK, M.D., New York City

GEO. W. KOSMAK

A.B., M.D., Columbia College, 1894. College of Physicians and Surgeons, 1899. Attending Surgeon, Lying-In Hospital of New York, 1904-1926. Editor and founder, American Journal of Obstetrics and Gynecology, 1920 to date, editor of preceding publication, 1909-1919. Member, American Gynecological Society, American Association of Obstetricians and Gynecologists, Diplomate of American Board. Consultant in obstetrics to several hospitals; Federal Children's Bureau, New York State Department of Health, etc. Author of book, "Toxemias of Pregnancy" (1933), and of numerous articles in medical and lay journals on obstetric topics.

It is an acknowledged fact that the average span of life has increased from about thirty-six years in 1850 to over sixty years in 1930 and will probably reach seventy years or more in 1960. The possible causes for this will be discussed and attention called to the associated medical and social problems. Undoubtedly better economic conditions, reduced hazards to life from improved sanitation, the lessening complications of child-bearing, and increased medical knowledge have constituted important contributing factors. We are faced, however, with the question of dependence by the older upon the younger groups and by the need of a closer study of the degenerative diseases which are manifest in the aged. Society and medicine must combine to study and to solve these problems.

12:00 "The Needs and Possibilities of Research in Mental Disease"

LAWRENCE KOLB, M.D., Washington

LAWRENCE KOLB

M.D., University of Maryland, 1908. Assistant Surgeon General, U. S. Public Health Service, Washington, D. C., in charge of the Division of Mental Hygiene. Fellow, American College of Physicians, American Medical Association, and American Psychiatric Association. Member, National Committee for Mental Hygiene, American Association for the Advancement of Science, Research Council on Problems of Alcohol, Academy of Medicine of Washington, D. C., American Prison Association, Southern Medical Association, Medical Society of St. Elizabeth's Hospital, Kentucky Psychiatric Association. Trustee, William Alanson White Psychiatric Foundation.

Recent advances in medical knowledge suggest lines of approach to the study of the fundamental basis of mental disease. These studies should include biology, biochemistry, neurophysiology, pathology, endocrinology, morphology, psychology, etc., as these subjects may have a bearing on mental disease. Such studies should be supplemented by extensive field studies into the social and environmental factors. Close coöperation between the Federal and State governments and agencies in a position to carry on research is needed to reap the fullest benefit from available resources.

P. M.

12:30 End of First General Assembly

12:30 Luncheon

Eleven Discussion Conferences (Quiz Periods)

Eleven discussion conferences with a different chairman in each subject—leaders of outstanding ability in their specialty. Here the doctor will have a chance to ask those questions which have bothered him and to hear discussed and answered other questions of value to him in his daily practice.

September 17—3:30 to 4:30 p.m.

MEDICINE	OBSTETRICS AND GYNECOLOGY	PEDIATRICS	SURGERY	SYPHILOLOGY	ANESTHESIA
Ballroom, Pantlind Hotel	Grill Room, Pantlind Hotel	Red Room, Civic Auditorium	Black and Silver Ballroom, Civic Auditorium	Room "F," Civic Auditorium	Room "G," Civic Auditorium
Leader: E. D. SPALDING, M.D. Detroit	Leader: W. F. SEELEY, M.D. Detroit	Leader: C. F. MCKHANN, M.D. Ann Arbor	Leader: F. A. COLLER, M.D. Ann Arbor	Leader: R. C. JAMIESON, M.D. Detroit	Leader: F. J. MURPHY, M.D. Detroit
Guest Conferees: R. L. CECIL, M.D. New York City; L. KOLB, M.D. Washington, D. C.	Guest Conferee: GEORGE KOSMAK, M.D. New York City	Guest Conferee: HENRY PONCHER, M.D. Chicago	Guest Conferees: E. C. CUTLER, M.D. Boston; A. J. LANZA, M.D. New York City	Guest Conferee: F. E. SENEAR, M.D. Chicago	Guest Conferee: WESLEY BOURNE, M.D. Montreal

September 18—3:30 to 4:30 p.m.

MEDICINE	OBSTETRICS AND GYNECOLOGY	PEDIATRICS	OPHTHALMOLOGY	PATHOLOGY	
Ballroom, Pantlind Hotel	Grill Room, Pantlind Hotel	Red Room, Civic Auditorium	Black and Silver Ballroom, Civic Auditorium	Room "F," Civic Auditorium	Join in These **Quiz Periods** with the **Guest Essayists**
Leader: C. C. STURGIS, M.D. Ann Arbor	Leader: N. F. MILLER, M.D. Ann Arbor	Leader: J. L. WILSON, M.D. Detroit	Leader: PARKER HEATH, M.D. Detroit	Leader: OSBORNE A. BRINES, M.D. Detroit	
Guest Conferees: C. E. LYGHT, M.D. Northfield, Minn.; V. P. SYDENSTRICKER, M.D. Atlanta, Ga.; C. S. KEEFER, M.D. Boston	Guest Conferees: J. R. MCCORD, M.D. Atlanta, Ga.; W. F. MENGERT, M.D. Iowa City, Iowa	Guest Conferee: JAMES GAMBLE, M.D. Boston	Guest Conferee: ALFRED COWAN, M.D. Philadelphia	Guest Conferee: SHIELDS WARREN, M.D. Boston	

All Members Are Invited to Participate

WEDNESDAY AFTERNOON
September 17, 1941

Second General Assembly

Black and Silver Ballroom—Civic Auditorium

VERNOR M. MOORE, M.D., Presiding
L. FERNALD FOSTER, M.D., and ROBERT G. LAIRD, M.D., Secretaries

P. M.
1:30 "*De Officiis* in Anesthesia"

WESLEY BOURNE, M.D., Montreal

WESLEY BOURNE

M.D., C.M., McGill University, 1911; M.Sc., McGill, 1924; F.R.C.P., Canada, 1931; D.A. (R.C.P. & S. Eng.), 1938. First Hickman Medallist, Roy. Soc. of Medicine, 1935. Lieutenant-Colonel, R.C.A.M.C. Lecturer (Anesthesia) Department of Pharmacology, McGill University. Author of many publications on anesthesia. Member of the American Society for Pharmacology and Experimental Therapeutics.

Although duties prescribed by justice are to be given precedence, and nothing ought to be more sacred, yet in the pursuit of knowledge, we should feel obliged to apply our wisdom to the service of humanity. We ought to consider ourselves bound to teach and train those who are desirous of learning. In such manner the benefits of anesthesia may be extended to those with whom we are united by the bonds of society. With increasing concerted effort, by coöperation between the laboratory worker and the clinician, anesthesia has improved, and the public is recognizing the need and importance of good anesthesia.

2:00 "Medical Service in Small Industries"
A. J. LANZA, M.D., New York City

A. J. LANZA

M.D., George Washington University Medical School, 1906. Served in the United States Public Health Service from 1907 until 1920. During part of this time was detailed as Chief Surgeon of the United States Bureau of Mines, and later, Head of the Office of Occupational Diseases in the Public Health Service. Mostly engaged in Field work doing investigations in industrial hygiene. Conducted the first studies in this country on silicosis. 1920 became Medical Director of the Hydraulic Steel Company of Cleveland. In 1921 was appointed a special Staff member of the International Health Board of the Rockefeller Foundation, and was detailed as Adviser in industrial hygiene for the Commonwealth Government of Australia. In 1926 was appointed Assistant Medical Director of the Metropolitan Life Insurance Company. At present time is a member of the Council of the American Medical Association on Industrial Health. Member of the Sub-committee on Industrial Health of the Health and Medical Committee, Federal Security Agency. Chairman of the Medical Committee of the Air Hygiene Foundation.

The great bulk of all wage earners are employed in small plants, and 97 per cent of all manufacturing plants employ fewer than 250 men. The problem of providing adequate medical and health service for American wage earners is, therefore, essentially a problem of devising a program that will fit the small industry. While occupational diseases are a definite factor in the industrial health situation, the loss in working days is due to non-occupational hazards. The American Medical Association, State Medical Societies and other Medical Organizations, are taking cognizance of this problem, as well as official agencies, like the Public Health Service, and non-official agencies, such as the Air Hygiene Foundation. It is obvious that health and medical service in these small plants, where the majority of American workmen are employed, will be given by local physicians serving industry on a part-time basis. Here is an opportunity, and the responsibility of the medical profession. The difference between medical service in a small plant and in a large one should be a difference in quantity only, and not in quality. Then, if only a small reduction can be made in absences in industry, it will nevertheless accompany a great economic saving and be a contribution of inestimable value with the production problem that faces American industry at the present time.

ACKNOWLEDGMENT: The Michigan Department of Health is sincerely thanked for its sponsorship of this lecture.

2:30 INTERMISSION TO VIEW THE EXHIBITS

3:00 "Hemorrhage in the Newborn"

HENRY PONCHER, M.D., Chicago

HENRY PONCHER

M.D., University of Michigan, 1927, Associate Professor of Pediatrics, College of Medicine, University of Illinois, Attending Physician, Cook County Hospital, Physician in charge of Pediatric Service, Research and Educational Hospitals of Illinois. Licentiate of American Board of Pediatrics.

The newborn may potentially hemorrhage from a variety of causes. Practically, however, trauma alone or minimal trauma in the presence of a disturbed clotting mechanism are the ones that the practicing physician encounters most commonly in his daily work. The minimizing of the traumatic factor alone is outside the scope of this presentation. The part that disturbed coagulability of the blood plays in conditioning hemorrhage of traumatic origin or giving rise to spontaneous bleeding will be discussed. The recent work on prothrombin and vitamin K will be reviewed from the standpoint of its practical implications.

3:30 DISCUSSION CONFERENCES WITH GUEST ESSAYISTS. **(See Page 724.)**

5:00 End of Second General Assembly

WEDNESDAY EVENING
September 17, 1941

Third General Assembly

—Public Meeting—
Ballroom, Pantlind Hotel

PAUL R. URMSTON, M.D., Presiding
L. FERNALD FOSTER, M.D., Secretary

PRESIDENT'S NIGHT
8:30 P.M.

1. **Call to order by President Paul R. Urmston, M.D.**
2. **Announcements and Reports of the House of Delegates, by Secretary L. Fernald Foster, M.D., Bay City**
3. **"The Physician in National Defense"**
   ROBERT A. BIER, Major, Medical Corps, National Headquarters, Selective Service System, Washington, D. C.
4. **President's Annual Address—Paul R. Urmston, M.D., Bay City**
5. **Presentation of Scroll and Past President's Key to Doctor Urmston by A. S. Brunk, M.D., Chairman of The Council**
6. **Induction of Henry R. Carstens, M.D., Detroit, into office as President of the Michigan State Medical Society.**
   Response.
7. **Introduction of the President-Elect and other newly elected officers of the State Society.**

9:00 P.M.

8. **The Andrew P. Biddle Oration:**
   "The Code of Medical Ethics"
   ALPHONSE SCHWITALLA, S.J., St. Louis, Mo.

A. SCHWITALLA, S.J.

A.M., St. Louis University, 1908; Ph.D., Johns Hopkins University (Zoology), 1921; LL.D., Tulane University, New Orleans, 1938; Sc.D., Lawrence College, 1939. Dean, St. Louis University School of Medicine; Regent, St. Louis University School of Nursing and School of Dentistry; President, Catholic Hospital Association of U. S. and Canada; Professor of Biology and Director of the Department, St. Louis University; Past President, North Central Association of Colleges and Secondary Schools; Editor of HOSPITAL PROGRESS; Associate Fellow, American Medical Association.

The code of medical ethics has recently been the object of attack from various sources. During the trial of the American Medical Association, its provisions were subjected to criticism and in the case of at least one witness, to ridicule. It was repeatedly suggested that the code was in practice merely a figment to be used as a cloak for covering the physician's self-interests. The differentiation between a profession and a trade in so far as that differentiation rests upon the idealism and the exactions of a code of ethics, has been seriously called into question. For this reason, the origin, the provisions, the philosophy and the applications of the code of medical ethics deserve special study and attention not only by the public but also by physicians so that the latter may be able more fully to penetrate into the basis upon which rest their claims to professional standing and so that the validity of the concept of a profession might be more emphatically reaffirmed.

9. **Presentation of Biddle Oration Scroll**

10:00 P.M.
Entertainment and Dancing

THURSDAY MORNING
September 18, 1941

Fourth General Assembly

Black and Silver Ballroom—Civic Auditorium

C. E. UMPHREY, M.D., Presiding,
L. FERNALD FOSTER, M.D., and GORDON B. MYERS, M.D., Secretaries

A. M.

9:30 "Some Obstetric Opinions"

JAMES R. MCCORD, M.D., Atlanta

JAMES R. MCCORD

M.D., Jefferson Medical College, 1909; Professor of Obstetrics and Gynecology, Emory School of Medicine; Diplomate American Board of Obstetrics and Gynecology.

The paper is, in the main, an expression of the author's own personal philosophy of obstetrics and a brief discussion concerning the management of quite a few obstetric difficulties. Practically all of the opinions are personal and have as their background Dr. McCord's vast obstetric experience.

ACKNOWLEDGMENT: The W. K. Kellogg Foundation is sincerely thanked for its sponsorship of this lecture.

10:00 "Some Educational Aspects of Diagnosing Tuberculosis Early"

CHARLES E. LYGHT, M.D., Northfield, Minn.

CHARLES E. LYGHT

M.D., C.M., Queen's University Faculty of Medicine, (Canada), 1926. Department of Student Health, University of Wisconsin, Madison, 1927-36; Director, 1932-36; Associate Professor of Clinical Medicine, University of Wisconsin Medical School. Professor of Health and Physical Education, and Director of the Student Health Service, Carleton College, Northfield, Minnesota, 1936 to date. Staff of Northfield City Hospital and Allen Memorial Infirmary. Fellow of the American College of Physicians. Member of several professional and scientific societies, including the Minnesota Trudeau Medical Society and Sigma Xi. Past President of the North Central Section, American Student Health Association, and, since 1936, Chairman of the Tuberculosis Committee, A.S.H.A. Publications, in addition to a weekly column: "Lyght on Health," have been mainly in the fields of clinical medicine, tuberculosis control and student health.

Prognosis in tuberculosis depends on a combination of factors, chief favorable one being early diagnosis. Mass search has produced startling results in driving tuberculosis from first down to seventh among death causes. Individual practitioners must not decide that modern methods work only in community surveys or are the implements of specialists. Nor must we strengthen techniques only during periodic national emergencies. Tuberculin test, x-ray, with painstaking clinical, laboratory and epidemiological follow-up of patients and contacts are available to every physician. To wait for consumptive symptoms or to rely primarily on the stethescope is to diagnose late—inexcusable in the light of common knowledge and professional obligation.

ACKNOWLEDGMENT: The Michigan Tuberculosis Association is sincerely thanked for its sponsorship of this lecture.

10:30 INTERMISSION TO VIEW THE EXHIBITS

11:00 "Factors in Deficiency Disease"

V. P. SYDENSTRICKER, M.D., Augusta, Ga.

M.D., Johns Hopkins, 1915. Intern and assistant resident physician, Johns Hopkins Hospital, 1915-17. Medical Corps, U. S. Army, 1917-19. Professor of Medicine, University of Georgia School of Medicine, 1923 to present.

The background of clinical avitaminoses will be discussed from the standpoint of dietary inadequacy and also of conditioning disorders in individuals taking apparently adequate diets. Various clinical patterns of deficiency diseases will be presented with particular reference to the more common but often unrecognized syndromes. The rationale of treatment of both the acute and chronic deficiency diseases will be considered, with particular emphasis on the importance of multiple vitamin therapy.

11:30 "Pathogenesis of Acidosis and Alkalosis"

JAMES L. GAMBLE, M.D., Boston

JAMES L. GAMBLE

A.B., Leland Stanford University, 1906, M.D., Harvard Medical School, 1910, S. M. (hon.) Yale University, 1930. Teaching and investigation in Department of Pediatrics, The Harvard Medical School (1915-22). Professor of Pediatrics, 1930 to date. Member American Pediatric Society, American Academy of Pediatrics, Association of American Physicians, American Society of Biological Chemists.

Stability of the reaction of extracellular fluid depends on preservation of the normal values for carbonic acid and bicarbonate. Acidosis, or alkalosis, is almost always the result of change in bicarbonate rather than carbonic acid. Change in bicarbonate is always the result of change in other parts of the electrolyte structure. Illustration of such change caused by various conditions of disease is presented. The very frequent presence of volume change (dehydration) along with change in reaction is emphasized.

———MSMS———

When you attend the Section on Dermatology and Syphilology which meets Friday morning, September 19, in connection with the Annual Meeting of the Michigan State Medical Society, Carroll S. Wright, M.D., of Philadelphia, will tell you of some of the spectacular results which can be obtained in some skin diseases by judicious administration of the various factors of Vitamin B.

———MSMS———

The hotels will make every effort to care for you satisfactorily when you come to the Annual Meeting of the Michigan State Medical Society, September 17, 18, and 19 at Grand Rapids.

———MSMS———

A metropolitan population of 209,535 welcomes you to the Annual Meeting of the Michigan State Medical Society, September 17, 18, and 19 at Grand Rapids.

P. M.

12:00 "THE DIAGNOSIS AND TREATMENT OF PLACENTA PREVIA"

WILLIAM F. MENGERT, M.D., Iowa City, Iowa

WM. F. MENGERT

M.D., Johns Hopkins Medical School, 1927; Diplomate, National Board of Medical Examiners, 1928; Rotating Intern, University of Iowa Hospitals, 1927-28; successively, departmental intern (1 yr.), assistant (1 yr) and instructor (2 yrs.) in the Department of Obstetrics and Gynecology, University of Iowa, 1928-32. Fellow in Gynecologic Research, Gynecean Hospital Institute of Gynecologic Research, University of Pennsylvania, 1932-34; Assistant Professor of Obstetrics and Gynecology, University of Iowa, 1934-38; Associate Professor from 1938 to date. Associate Obstetrician and Gynecologist to the University Hospitals since 1934. Diplomate of the American Board of Obstetrics and Gynecology 1933. Member and officer of numerous medical organizations as well as fraternal and social groups. Author of several medical articles.

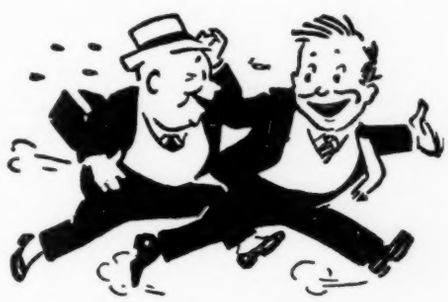
The incidence of placenta previa among 14,569 deliveries at the University of Iowa was 1 : 198. Sterile vaginal examination represents the only *certain* method of diagnosis. Bladder cystograms are a diagnostic aid, and their technique is discussed. Institution of some method of delivery should generally follow the establishment of the diagnosis. The choice of the method varies, but manual dilation of the cervix has no place in the treatment. Vaginal packing and Braxton Hicks version should be employed only when other facilities are not available. The fetal mortality rate is always high, but the mother can usually be saved by prompt, energetic and appropriate treatment, of which the most important single factor is blood transfusion.

12:30 End of Fourth General Assembly

12:30 Luncheon

———MSMS———

WHAT'S THEIR HURRY?



They're rushing to the MSMS Convention "Smoker," Thursday evening, September 18, Ballroom, Pantlind Hotel, Grand Rapids.

THURSDAY AFTERNOON
September 18, 1941

Fifth General Assembly

Black and Silver Ballroom—Civic Auditorium

WILFRID HAUGHEY, M.D., Presiding
L. FERNALD FOSTER, M.D., and FRANK MURPHY, M.D., Secretaries

P. M.

1:30 "Some Observations on the Use of Glasses"
ALFRED COWAN, M.D., Philadelphia

ALFRED COWAN

M.D., Medico Chirurgical College, Philadelphia, 1907. At present Professor of Ophthalmic Optics, Graduate School of Medicine, University of Pennsylvania; Ophthalmologist to Philadelphia General Hospital; Supervising Opthalmologist, Department of Public Assistance, Commonwealth of Pennsylvania; Consulting Ophthalmologist, Council for the Blind, Commonwealth of Pennsylvania; Ophthalmologist to Pennsylvania Working Home for Blind Men, Philadelphia; Author of "An Introductory Course in Ophthalmic Optics" and of "Refraction of the Eye," and a number of articles on ophthalmological subjects; a member of the American Ophthalmological Society; American Academy of Ophthalmology and Otolaryngology; College of Physicians, Philadelphia, and others.

This presentation is offered with the hope that it will suggest to the general physician a simple way of describing certain physiologic optical principles to their patients—the purposes for which glasses are used, when they should be worn and when they are not worthwhile.

The normal eye is an image-forming optical instrument with a remarkable range of adaptability. Clear, comfortable vision depends primarily on a sharp image which must be formed exactly on the surface of the retina without undue effort of accommodation. In a refractive error—myopia, hypermetropia, astigmatism—the correct lens, when placed before the eye, changes the final direction of the rays of light so that on entering the eye they will be imaged on the retina. This is equivalent to placing an object at the exact position for which the eye is adapted.

A refractive error is not a disease, nor can it be produced by working under unfavorable conditions. Every person must eventually become presbyopic.

2:00 "The Response of Tumors to Radiation"

SHIELDS WARREN, M.D., Boston

SHIELDS WARREN

B.S., Boston University; M.D., Harvard Medical School, 1923; Assistant Professor of Pathology, Harvard Medical School 1936 to date; Director, Massachusetts State Tumor Diagnosis Service, 1928 to date; Pathologist to New England Deaconess Hospital, 1927 to date, C. P. Huntington Memorial Hospital, 1928 to date, New England Baptist Hospital, 1928 to date, Pondville State Hospital, 1928 to date; Chairman, Cancer Committee, Massachusetts Medical Society; Vice President, American Association for Cancer Research.

The response of tumors to radiation is based on the sensitivity of the type cell, the character of the supporting tissues, and the effect on the normal issues of the host. Depending on their response to radiation tumors may be classed as radio-sensitive, radio-responsive, and radio-resistant. Radio-resistance may be acquired following radiation therapy.

The tissue reactions for a given dose are fairly constant and characteristic regardless of minor variations in wave length. Recently irradiated tissue is very susceptible to infection.

2:30 INTERMISSION TO VIEW THE EXHIBITS

3:00 "Recent Advances in Chemotherapy of Infectious Diseases"
CHESTER S. KEEFER, M.D., Boston

CHESTER S. KEEFER

M.D., Johns Hopkins University School of Medicine, 1922; Director, Evans Memorial, Massachusetts Memorial Hospitals; Wade Professor of Medicine, Boston University School of Medicine; Diplomate, American Board Internal Medicine.

The treatment of infectious diseases with the sulfonamide group has advanced remarkably in the past few years. New compounds are being developed and tested every year so that there are at least five effective agents available at present. Each one of these sulfonamide derivatives has its special field of usefulness, and will be discussed in this paper. One recent study with sulfadiazine and sulfaguanidine will be presented. In addition to the discussion of the sulfonamides, our experience in the treatment of local infections with "gramicidin," the extract of a soil bacillus, will be reviewed.

3:30 DISCUSSION CONFERENCES WITH GUEST ESSAYISTS. **(See Page 724.)**

5:00 End of Fifth General Assembly

———MSMS———

THURSDAY EVENING
September 18, 1941

Sixth General Assembly

(For M.S.M.S. Members Only)

Ballroom, Pantlind Hotel

GROVER C. PENBERTHY, M.D., Detroit, Presiding
L. FERNALD FOSTER, M.D., Secretary

SMOKER

Admission by Card Only

Nine O'Clock

Refreshments

Music and Entertainment

Host: The Michigan State Medical Society

— PROGRAM of SECTIONS —

FRIDAY MORNING

September 19, 1941

SECTION ON GENERAL MEDICINE

Chairman: T. I. BAUER, M.D., Lansing
Secretary: GORDON B. MYERS, M.D., Detroit

Ballroom—Pantlind Hotel

A. M.

9:00 **"The Differential Diagnosis of Abdominal Pain"**

MILTON R. WEED, M.D., Detroit

9:30 **"The Differentiation Between Malignant and Benign Ulcerating Lesions of the Stomach"**

H. M. POLLARD, M.D., Ann Arbor
WM. C. SCOTT, M.D., Ann Arbor

10:00 **"Problems in the Differential Diagnosis of Coronary Artery Disease"**

A. R. BARNES, M.D., Rochester, Minnesota

A. R. BARNES

M.D., Indiana University School of Medicine, 1919; Professor of Medicine, Mayo Foundation for Medical Education and Research, University of Minnesota, and Chief of a Section in Medicine, The Mayo Clinic, Rochester, Minnesota; Diplomate, American Board of Internal Medicine.

So much has been said and written on the subject of coronary sclerosis that there is some evidence of a tendency to make the diagnosis more frequently than the facts warrant. Unfortunately, the syndrome of angina pectoris is a diagnosis that has to be made on the basis of the patient's symptoms and much skill and experience is required in arriving at the diagnosis. There is a tendency to allow the electro-cardiogram to influence this diagnosis, unduly. There are other clinical conditions, such as pericarditis, pulmonary embolism, cholecystic disease and diaphragmatic hernia, which may simulate the pain of coronary artery disease very closely. This discussion will concern itself with the essential clinical features of coronary disease and its differential diagnosis from the clinical conditions mentioned.

10:30 **"Clinical Use of the Diuretics"**

RICHARD H. LYONS, M.D., Eloise

11:00 **"Treatment of Pyelonephritis"**

MUIR CLAPPER, M.D., Detroit

11:30 **"Useful Drugs in the Treatment of Asthma"**

JOHN M. SHELDON, M.D., Ann Arbor

12:00 **Election of Officers**

SECTION ON SURGERY

Chairman: O. H. GILLETT, M.D., Grand Rapids
Secretary: ROGER V. WALKER, M.D., Detroit

Black and Silver Ballroom—Civic Auditorium

8:30 A. M.

SYMPOSIUM ON TRAUMATIC SURGERY

"Management of Skull Fractures"

HARRY E. MOCK, M.D., Chicago

HARRY E. MOCK

M.D., Rush Medical College, 1906. Associate Professor of Surgery Northwestern University Medical School; Senior Surgeon St. Lukes Hospital, Chicago; Fellow American Board of Surgery, American College of Surgeons; Chicago Surgical Society; Chicago Institute of Medicine; American Association of Surgery of Trauma, and others. Author of many surgical subjects. Exhibitor in the Scientific Exhibits of the American Medical Association from 1931 to 1938 on the subject of Skull Fractures and Craniocerebral Injuries.

Craniocerebral injuries in the United States occur to the extent of more than half a million victims a year. Approximately 65 per cent of the deaths resulting from skull fractures occur in the first twenty-four hours following the injury. The widespread distribution and the early occurence of death will always make this a problem for the general physician and surgeon. The author collected and analyzed 3,300 cases of consecutive proved skull fractures from 1929 through 1934. The mortality rate varied from 25 per cent to 49 per cent during that period. The last ten years has brought forth abundant teaching of better management. Has it reduced the mortality rate? Is there room for still further improvement? These and other questions are answered in the author's second nation-wide survey of 3,200 consecutive proved skull fractures.

"Lacerations of the Head and Face"

FERRIS N. SMITH, M.D., Grand Rapids

"Choice of Anesthesia in Emergency Surgery"

WESLEY BOURNE, M.D., Montreal

(Biography on Page 725)

The general principles of anesthesia are not affected by the circumstances of emergency, yet the individual may frequently be most urgently in need of the best attention known to anesthesia. Whatever is done should suit the general condition as well as the surgical requirements of the case. When shock is present, there must be the greatest circumspection and the least possible interference until the circulation is improved. The relative advantages of the drugs and the methods of their administration are discussed under the groupings of regional and general anesthesia, showing the appropriate places of local infiltration, of nerve block and of spinal anesthesia, and too, those for inhalation and intravenous anesthesia.

"Early Care of Compound Fractures"

CARL E. BADGLEY, M.D., Ann Arbor

"Management of Abdominal Injuries"

OWEN H. WANGENSTEEN, M.D., Minneapolis

(Biography on Page 734.)

World War Number Two has focused attention upon the subject of trauma sharply again. Whereas the mortality of abdominal injuries in war has always been high, statistically, the incidence of abdominal injuries, as compared with the more frequent injuries of extremities and head, has not been great. World War Number One settled, once and for all, the importance of early closure of perforating wounds of the hollow abdominal viscera. Theretofore, the conservative management of bullet wounds of the intestine had been advocated by many military surgeons.

Despite general acceptance of early operative treatment, the mortality still continues high, because of the serious threat to life, occasioned by spillage of intestinal content into the peritoneal cavity.

In civil practice, one of the greatest difficulties is determination of whether or not blunt trauma has ruptured a hollow viscus. Tears in solid viscera, such as liver or spleen, may be treated conservatively, if hemorrhage is not alarming. Bleeding stops frequently spontaneously. Ruptures of hollow viscera must be closed if the patient is to have a chance of survival.

"Treatment of Shock from War Injuries"

HENRY N. HARKINS, M.D., Detroit

Election of Officers

———MSMS———

SECTION ON OBSTETRICS AND GYNECOLOGY

Chairman: CLAIR E. FOLSOME, M.D., Ann Arbor
Secretary: ROBERT S. KENNEDY, M.D., Detroit

Grill Room—Pantlind Hotel

A. M.

9:30 "Facilities and Practices in Licensed Maternity Hospital and Maternity Homes in Michigan"

ALEXANDER M. CAMPBELL, M.D., Grand Rapids

9:50 "The Use and Abuse of Stilbesterol in Gynecologic Practice"

ALLAN C. BARNES, M.D., Ann Arbor

10:10 "Review of Certain Criteria Possibly Useful in the Differential Diagnosis of the Toxemias of Pregnancy"

PALMER E. SUTTON, M.D., Royal Oak

10:30 "The Dangers of Breech Delivery"

WARD F. SEELEY, M.D., Detroit
R. S. SIDDALL, M.D., Detroit

11:00 "Therapy of the Estrogens"

RICHARD W. TELINDE, M.D., Baltimore

RICHARD W. TELINDE

A.B., University of Wisconsin, 1917, M.D., Johns Hopkins University, 1920. Professor of Gynecology, Johns Hopkins University. Chief Gynecologist, Johns Hopkins Hospital. Visiting Gynecologist, Union Memorial Hospital, Church Home and Infirmary and Hospital for Women of Maryland.

Attention is called to the many abuses in endocrine therapy in general and a warning is given to use hormones only when there is a sound physiological basis for treatment. The results at the author's clinic in the treatment of certain conditions in which he has had special experience are considered. The technique of the treatment of gonococcal vaginitis with estrogenic suppositories, both natural and synthetic, is discussed. The treatment of menopausal symptoms by the natural hormones and stilbestrol is considered. Finally, a new technique for the administration of pellets of crystalline estrone for prolonged relief of menopausal symptoms is given in detail.

11:30 Election of Officers

12:00 Luncheon

SECTION ON OPHTHALMOLOGY AND OTOLARYNGOLOGY

Chairman: ROBERT H. FRASER, M.D., Battle Creek
Vice Chairman: A. S. BARR, M.D., Ann Arbor
Secretary: ROBERT G. LAIRD, M.D., Grand Rapids
Vice Secretary: ARTHUR E. HAMMOND, M.D., Detroit

OPHTHALMOLOGY

Room "F"—Civic Auditorium

A. M.

9:30 "Uveitis"

ALFRED COWAN, M.D., Philadelphia
(Biography on Page 728)

The various parts of the uveal tract are so intimately related that hardly, if ever, is any one part affected without involvement of all or nearly all of the whole tract. More and more, since the general use of the slit lamp and corneal microscope, is this observed; so much so that specific diagnoses as iritis, cyclitis, or irido cyclitis are seldom well justified. The first evidence of any insult to the iris or ciliary body is a disturbance of the pigment. Often we see evidence of uveal change, especially disturbance of the pigment, which is hard to classify as either a noninflammatory degenerative process or a low grade, chronic uveitis. The etiologic factors in these cases are nearly always baffling. So frequently do we see such conditions that it is felt that many which are diagnosed as primary glaucoma are in reality cases of uveitis with secondary glaucoma.

10:10 Discussion—20 Minutes

10:30 "Dendritic Keratitis"

JOHN O. WETZEL, M.D., Lansing

10:50 Discussion—10 Minutes

11:00 "Management of Traumatic Injuries to the Eyelids and Globe"

GORDON L. WITTER, M.D., Port Huron

11:20 Discussion—10 Minutes

11:30 "Chemical Injuries"

MELVIN H. PIKE, M.D., Midland

11:50 Discussion—10 Minutes

12:00 "Some Uses of Chemotherapy in Ophthalmology"

PARKER HEATH, M.D., Detroit

P. M.

12:20 Discussion—10 Minutes

OTOLARYNGOLOGY

Room "G"—Civic Auditorium

A. M.

9:00 "Mistakes Made in the Diagnosis and Estimation of Deafness"

D. E. S. WISHART, M.D., Toronto, Ontario
(Biography on Page 733)

There were universally accepted routine hearing tests. At present there is no universally accepted routine hearing examination.

The old tests were unreliable. The new tests are still unreliable.

Tuning forks are relatively inexpensive. How they

can still be used to give accurate information—but the amount given is very limited.

Audiometers—the new electrical instruments—are not standardized and are still unreliable.

Common errors in audiometry. What information can be obtained by the use of audiometers?

The audiometer has shown how inaccurate hearing testing has been and is.

The diagnosis of deafness will never be easy.

9:30 Discussion—10 Minutes

9:40 "Acute Suppuration in the Spaces of the Neck" and Motion Picture Demonstration: "Approaches to the Surgical Spaces of the Neck."

SAMUEL IGLAUER, M.D., Cincinnati

SAMUEL IGLAUER

M.D., Ohio Medical College, 1898; F.A.C.S.; Professor of Otolaryngology, College of Medicine, University of Cincinnati; Director of Otolaryngology, Cincinnati General Hospital, Children's Hospital, and Jewish Hospital; member, American Laryngological, Rhinological, and Otological Society, American Broncho-Esophagological Assn., American Laryngological Assn., American Academy of Ophthalmology and Otolaryngology.

During recent years a great deal of exact attention has been given to deep infections in the neck. These infectious processes may localize in the lymph glands, in the "spaces" of the neck, or occasionally within the veins. The anatomic spaces contain loose distensible areolar connective tissue. The spaces are limited by tough, fibrous layers (fascia) or by muscles or viscera The spaces most commonly involved are: 1. Peripharyngeal; 2. Retropharyngeal; 3. Parapharyngeal (Pharyngo-maxillary); 4. Periesophageal (Mediastinitis); 5. Submental (Ludwig's Angina); 6. Septic thrombophlebitis (jugular) may occur as a complication.

The signs and symptoms of infection in each space will be enumerated, and the surgical approach to each space will be briefly described.

Discussion and Bibliography Question Box (by request)

11:30 "Carcinoma of the Mastoid. Case report"

HARVEY E. DOWLING, M.D., Detroit

11:50 "Treatment of Hemorrhage in Otolaryngologic Practice"

JAMES E. CROUSHORE, M.D., Detroit

P. M.

12:10 Discussion of papers by Drs. Dowling and Croushore

12:30 Section Luncheon, Pantlind Hotel
Election of Officers of Section on Ophthalmology and Otolaryngology
Short Business and Medical Economics Session.
"Problems of Distribution of Ophthalmologic Care"
RALPH H. PINO, M.D., Detroit

———MSMS———

Thirty of the foremost out-of-state medical authorities will speak at the Annual Meeting of the Michigan State Medical Society, September 17, 18, and 19 at Grand Rapids.

SECTION ON PEDIATRICS

Chairman: HARRY A. TOWSLEY, M.D., Ann Arbor
Secretary: LEON DEVEL, M.D., Grand Rapids

Swiss Room—Pantlind Hotel

A. M.

9:00 Case Report: "Tumor of Adrenal Cortex in an Infant of Seventeen Months" Color Photography and Autopsy Findings

ROCKWELL M. KEMPTON, M.D., Saginaw
OLIVER W. LOHR, M.D., Saginaw

9:15 Panel Discussion: "Diarrhea in Infancy"

Chairman—CHARLES F. MCKHANN, M.D., Ann Arbor
Discussants—JAMES L. WILSON, M.D., Detroit
A. MORGAN HILL, M.D., Grand Rapids
WYMAN C. C. COLE, M.D., Detroit
MARK OSTERLIN, M.D., Traverse City
WARREN WHEELER, M.D., Detroit

11:15 "Cerebral Atrophy in Infants and Children"

HAROLD K. FABER, M.D., San Francisco

HAROLD K. FABER

A.B., Harvard College, 1906; M.D., University of Michigan, 1911. Professor of Pediatrics, Stanford University School of Medicine; Pediatrician-in-Chief, Stanford University Hospitals, San Francisco. Member: American Pediatric Society, American Academy of Pediatrics, Society for Pediatric Research, et cetera.

The causes of mental deficiency, spastic diplegia and convulsive disorders long obscure, have been clarified for a considerable percentage of cases by consideration of the effects of anoxia on the brain and by studies of the air encephalogram. Heredity is now found to play a much smaller part than had been previously supposed, and the same is true of intracranial hemorrhage at birth. It is, however, a mistake to believe that all cases date from the time of birth. Both fetal and postnatal disorders are of etiological importance. A series of cases is reviewed in which the causative factors are discussed. Some preventive suggestions are presented.

12:00 Business Meeting—Election of Officers

———MSMS———

SECTION ON DERMATOLOGY AND SYPHILOLOGY

Chairman: CLAUD BEHN, M.D., Detroit
Secretary: FRANK STILES, M.D., Lansing

Directors' Room—Civic Auditorium

A. M.

9:30 "Therapeutic Effects of Vitamin B Factors in Dermatology"

CARROLL S. WRIGHT, M.D., Philadelphia
(Biography on Page 733)

The various factors of Vitamin B are of more than ordinary intrest to the dermatologist. Vitamin B_1 is now widely used to relieve the pain of herpes zoster and there is some evidence that it may be helpful in psoriasis. The spectacular improvement in pellagrins following the administration of nicotinic acid is now fully recognized. Riboflavin cures cheilosis, erosions around the eyes, "sharkskin" lesions of the skin over the nose and may be helpful in fissuring around the ears. It also in-

creases the efficacy of nicotinic acid in certain pellagrins (Spies). The filtrate factor (pantothenic acid) is probably not concerned in pellagra. Interest centers in its anti-gray hair action. Vitamin B_6 (pyrodoxine hydrochloride), often called the "rat anti-dermatitis factor" is known to have a definite action in the treatment of pellagra. This study is concerned chiefly with the treatment of various types of dermatitis (or eczema) with Vitamin B_6, including studies of the urinary excretions of this Vitamin.

10:00 Discussion

10:20 "Diagnosis and Treatment of Vesicular and Vesiculo-pustular Eruptions of the Hands and Feet"

S. WILLIAM BECKER, M.D., Chicago

S. WILLIAM BECKER

B.S., 1918, M.D., 1921, University of Michigan; M.S., 1928, University of Minnesota; Assistant Professor Dermatology, University of Chicago, 1927-30, Associate Professor since 1930. Member A.M.A. and component societies; American Academy of Dermatology and Syphilogy; American Dermatological Association; and other organizations; Diplomate of American Board of Dermatology and Syphilology. Author: "Commoner Diseases of the Skin," 1935; "Ten Million Americans Have It," 1937; "Modern Dermatology and Syphilology," 1940 (with Obermayer).

Critical study has shown that vesicular fungous infection of the hands is almost unknown. Vesicular eruptions of the feet (athletes' foot) have been proven to be caused by fungi in only five to 15 per cent of children and only 30 per cent of adults. The heat of summer increases the percentage of fungous infection to 50.

Epidermal hypersensitiveness to fungous allergens may result in vesicular lesions on the hands (trichophytids), produced by allergens reaching the palms from the feet through the blood stream. Other vesicular and vesiculo-pustular eruptions of the hands (bacterids, dyshidrosis on fungous basis) cannot be proven to be allergic, since epidermal hypersensitiveness does not exist in patients with such disorders.

10:50 Discussion

11:10 "Five-Day Treatment of Early Syphilis"
LOREN W. SHAFFER, M.D., Detroit

11:40 Discussion

12:00 Election of Officers

P. M.

12:30 Luncheon at Pantlind Hotel

———MSMS———

SECTION ON RADIOLOGY, PATHOLOGY AND ANESTHESIA

Chairman: FRANK W. HARTMAN, M.D., Detroit
Secretaries: CLYDE K. HASLEY, M.D., Detroit,
FRANK J. MURPHY, M.D., Detroit

Red Room—Civic Auditorium

PANEL DISCUSSION ON "SOME PHASES OF THE CANCER PROBLEM"

9:30 A. M.

1. Diagnosis

(a) General
HENRY J. VANDENBERG, M.D., Grand Rapids
N. M. ALLEN, M.D., Detroit

(b) X-Ray
BERNARD H. NICHOLS, M.D., Cleveland

BERNARD H. NICHOLS

M.D., Starling Medical College, 1940; Practiced general medicine and roentgenology at Ravenna, Ohio, from 1904 to 1917; commissioned in Medical Corps of the U. S. Army and became instructor of Roentgenology at Cornell University, New York City. Member Base Hospital 55 as Chief of Department of Roentgenology in September 1918, directed Department of Roentgenology in France until end of war. Returned to U. S. A. and became Director of Roentgenology in the Embarkation Hospital, No. 3, New York City. Discharged from Army, September, 1920; Director of Department of Roentgenology in Cleveland Clinic from 1920 to date. President Radiological Society of North America in 1940. Co-author with Dr. William E. Lower of text book "Roentgenographic Studies of the Urinary System" has published about 100 scientific articles.

LAWRENCE REYNOLDS, M.D., Detroit

(c) Pathology
CARL V. WELLER, M.D., Ann Arbor
DONALD C. BEAVER, M.D., Detroit

2. Treatment

(a) Surgical
ROY D. MCCLURE, M.D., Detroit
FRED A. COLLER, M.D., Ann Arbor

(b) Irradiation
ROLLIN H. STEVENS, M.D., Detroit
ISADORE LAMPE, M.D., Ann Arbor

3. Registration and Follow-Up
SHIELDS WARREN, M.D., Boston

(Biography on page 728)

Registration of cancer cases provides surest means of determining morbidity rate. However, objections by patients may vitiate accuracy. Registration at some central point of data and specimens from rare cases provide best means of advancing knowledge as shown by registry of bone sarcoma and other registries.

FRED J. HODGES, M.D., Ann Arbor
TRAIAN LEUCUTIA, M.D., Detroit
A. B. MCGRAW, M.D., Detroit

Election of Officers

———MSMS———

You gain two Postgraduate Credits by attending the Scientific Assembly at the Michigan State Medical Society Convention.

Come, and bring two or three other doctors in your car.

FRIDAY AFTERNOON
September 19, 1941

Seventh General Assembly

Black and Silver Ballroom—Civic Auditorium

HENRY R. CARSTENS, M.D., Presiding
L. FERNALD FOSTER, M.D., and LEON DE VEL, M.D., Secretaries

P. M.

1:30 "Focal Infection in the Nose and Throat—Retrospect and Forecast"

D. E. STAUNTON WISHART, M.D., Toronto, Ontario

D. E. S. WISHART

B.A., 1909, M. D., University of Toronto, 1915.

Three years' service in the field with the 10th (Irish) Division. Mediterranean Expeditionary Force — Sulva Bay, Serbia, Struma Valley and Palestine. Surgeon-in-Chief, Department of Otolaryngology, Hospital for Sick Children, Toronto, and Senior Demonstrator, Department of Otolaryngology, University of Toronto. Author of: Section on Surgery of the Ear, Lewis' System of Surgery: Relation of Infection of the Ear and Infection of the Intestinal Tract in Infants, Results of Five Years' Study—Routine Hearing Tests, and many other scientific articles.

Focal infection is a concept firmly established in the minds of profession and public alike.

It is now a name which means something to every member of the community.

Bound as the original concept was, it was enlarged to cover too much. The result has been disappointment, disillusionment, misgivings, disbelief.

The pendulum is now swinging the other way. Focal infection should give place to point of entry of infection. Although many tonsils are better out—many do not require removal. Sinuses are rarely foci of infection.

The modern concept has always been that of the best otolaryngologist.

2:00 "New Therapy of Common Skin Diseases"
CARROLL S. WRIGHT, M.D., Philadelphia

CARROLL S. WRIGHT

B.S., University of Michigan, 1917; M.D., University of Michigan, 1919. Instructor in Dermatology and Syphilology University of Michigan Medical School, 1920-1922; Associate Professor of Dermatology and Syphilology Graduate School of Medicine, University of Pennsylvania. Professor of Dermatology and Syphilology Temple University School of Medicine. Consultant Dermatologist to Philadelphia Municipal Hospital; Widener School for Crippled Children; Shriner's Hospital; Pennsylvania Institute for Blind; Pennsylvania Institute for the Dumb; Vineland Training School. Trustee of Research Institute of Cutaneous Medicine. Associate Editor of the "Medical World" and "The Weekly Roster and Medical Digest." Member of American Dermatological Association, Society for Investigative Dermatology, American Academy of Dermatology, Philadelphia College of Physicians, Nu Sigma Nu and Sigma Xi. Author of textbooks "Treatment of Syphilis" with Dr. Jay F. Schamberg and "Manual of Dermatology" and numerous contributions to dermatological literature.

Since the turn of the century there has been marked progress in the treatment of many of the commonly seen skin diseases. Unsightly vascular nevi with the exception of port-wine marks can be successfully treated in one of several ways. The acne of adolescence, at our time considered a necessary evil to be suffered in silence until cured by nature, is in most instances amenable to modern therapy with a resultant lessening in badly scarred faces. The fungus infections which may attack any part of the human integumnet and its appendages can in most cases be conquered. In the treatment of those skin infections due to cocci, new drugs administered both internally and externally have improved therapeutic results. Psoriasis still remains a disease of unknown etiology and must still be considered incurable, but there is evidence of some progress as regards its therapy. Skin cancer, unless woefully neglected, may be regarded as curable with present day methods of treatment. The situation with regard to the "curability" of skin diseases has changed since the day 25 or 30 years ago that a dermatologist gave as one of his reasons for selecting this specialty that "patients with skin diseases never get well." These newer therapeutic procedures in the above named dermatoses will be discussed.

2:30 INTERMISSION TO VIEW THE EXHIBITS

3:00 "Child Health in National Defense"
BORDEN S. VEEDER, M.D., St. Louis, Missouri

M.D., University of Pennsylvania, 1907, Professor of Clinical Pediatrics, Washington University, School of Medicine since 1917. Member of American Pediatric Society, American Academy of Pediatrics and other medical organizations. President of American Board of Pediatrics. Editor, Journal of Pediatrics. Member II, III, IV White House Conferences on Child Health and Welfare.

A discussion of the problems of the child as related to National Defense. The situation in Germany and Great Britain before the war and the problems in the latter since the war started. The plans and what is now being done in the United States as regards nutrition, industrial centers and evacuation.

ACKNOWLEDGMENT: The Children's Fund of Michigan is sincerely thanked for its sponsorship of this lecture.

3:30 "The Relationship of the Reticulo-Endothelial System to Cellular and Humoral Immunity"

C. A. DOAN, M.D., Columbus, Ohio

C. A. DOAN

B.S., Hiram College; M.D., 1923 Johns Hopkins Medical School. R.H.O., Johns Hopkins Hospital, 1923; Assistant Department of Anatomy, Johns Hopkins, 1924; Assistant Department of Medicine Harvard Medical School; Assistant Physician, Boston City Hospital; Assistant Thorndike Memorial Laboratory; Associate in Medical Research, Rockefeller Institute, 1925-30. Fellow and member of numerous scientific and medical organizations. President Ohio Public Health Association, 1939 to date; Director-at-large National Tuberculosis Association. Author of more than 100 scientific articles and books on medical subjects, particularly hematology and tuberculosis.

The phagocytic cells which comprise the Reticulo-Endothelial System of the body have long been known to function physiologically as conservators of essential materials from worn out or senile blood cells. More recently, excessive pathologic sequestration of red cells, granulocytes or blood platelets in the parenchyma of the spleen, with symptom-producing destruction of these essential elements by hyperplastic splenic macrophages, has resulted in recognition of several clinical syndromes, each one of which has

been effectively controlled by successful splenectomy.

Still more recently studies with "marked" dye antigens have definitely established these phagocytic elements as the most probable source of circulating specific anti-bodies. This latter evidence places on a sounder basis, the approach to the problems of humoral immunity, and demonstrates the extremely close association with cellular immunity.

4:00 "The Ulcer Problem and The Surgeon"

OWEN H. WANGENSTEEN, M.D., Minneapolis

O. H. WANGENSTEEN

A.B., University of Minnesota, 1919; M.D., 1922; Ph.D., (Surgery), 1925; Professor in Surgery since 1931, Director of Department and Surgeon-in-Chief since 1930. Served in World War as a private in Student Training Corps. Member of many scientific and medical organizations.

The importance of acid in the genesis of ulcer will be emphasized. Experiments performed in the Surgical Laboratory, in which ulcer has been produced in a variety of animals by stimulating the endogenous gastric secretory mechanism, will be reviewed. The choice of operative procedure in the surgical management of ulcer, which will insure effective depression of the gastric secretory mechanism, will be discussed, and the criteria of an acceptable operation defined. Technical and nutritional problems which confront the surgeon, affording his patient maximal assurances of safety, will be presented.

4:30 End of Seventh General Assembly

END OF CONVENTION

TECHNICAL EXHIBITS

Abbott Laboratories — **Booth No. C-3**
North Chicago, Illinois

You are heartily invited to discuss the newer specialties with the Abbott-trained Professional Representatives in attendance. The wide assortment of products displayed in this exhibit merit your attention and study. Your questions are solicited. Description of the items shown is prohibited by space, so! COME IN AND SEE US!

The Baker Laboratories — **Booth No. D-7**
Cleveland, Ohio

Baker's complete line of infant foods, indicating the newer trends in modern infant feeding, will be on display. Baker MODIFIED MILK, powder and liquid, is a completely modified milk in which the composition of the essential food elements has been so altered and adjusted as to closely approximate breast milk. MELCOSE, a completely prepared liquid milk is very economical. MELODEX, maltose and dextrin, is made especially for modifying fresh or evaporated milk.

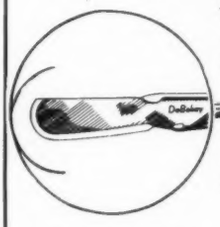
Bard-Parker Company — **Booth No. C-2**
Danbury, Connecticut

The following products will be exhibited at the Bard-Parker Booth: rib-back surgical blades, long knife handles for deep surgery, renewable edge scissors, formaldehyde germicide, and instrument containers for the rustproof disinfection of surgical instruments, transfer forceps for the aseptic transportation of instruments, hematological case for obtaining bedside blood samples, ortholator for obtaining accurate dental radiographs.

Barry Allergy Laboratory, Inc. — **Booth No. B-15**
Detroit, Michigan

A duplicate of the exhibit shown at the A.M.A. in Cleveland will be brought to the Michigan State Meeting in Grand Rapids. Services and products as well as many research problems will be presented in an interesting and unique manner. Both Mr. Charles Fowler and Mr. Barry, President, will be present to welcome all visitors.

Rudolph Beaver, Inc. — **Booth No. E-13**
Waltham, Massachusetts



Newly developed all-bellied DeBakey blades, which, held in any position, always present a rounded cutting edge. Also the recently developed bent Ljungberg blades for deep and special surgery, such as cholecystectomy, hysterectomy, hip, spine, cleft palate, semilunar cartilage. There are also the conventional shape blades. All blades fit every handle.

Becton, Dickinson & Co. — **Booth No. C-16**
Rutherford, New Jersey

A full line of B-D Products including clinical thermometers, hypodermic syringes and needles, Ace bandages, Asepto syringes and a full line of their diagnostic instruments including the new line of low priced blood pressure instruments, will be on display. Doctors will be particularly interested in No. 5018 which comprises a portable type manometer and triple change stethoscope in handy leather pouch with slide fastener.

Bilhuber-Knoll Corporation — **Booth No. B-11**
Orange, New Jersey

Your visits are welcomed. Mr. Laurel Johnson will be glad to give careful attention to questions and discussions on Dilaudid, Metrazol, Phyllicin, Theocalcin, etc. Register for a copy of the new "Note Book of Original Medicinal Chemicals." Colored charts—muscular, skeletal, circulatory, and nervous systems may be had upon request.

Ernst Bischoff Company **Booth No. E-19**
Ivoryton, Connecticut

ACTIVIN, the first American produced shockless foreign protein for nonspecific therapy. ANAYODIN is an effective, non-toxic amebicide. It attacks the amebas which have penetrated the tissues. DIATUSSIN, the original drop-dose cough remedy with a thirty-five year record of efficacy. LOBELIN-Bischoff, a direct stimulant to the respiratory center. The resuscitant indicated in all forms of respiratory failure or depression. STYPTYSATE, a vegetable hemostatic, with extremely high vitamin K activity, indicated for the control of all seeping hemorrhages.

The Borden Company **Booth No. F-1**
New York City

Visit the Borden exhibit to see infant foods of unsurpassed quality. Biolac, the distinctive new **liquid** infant food, affords convenience, economy, and optimal nutrition. Beta Lactos is **nature's** carbohydrate in an improved, readily soluble form. Dryco provides **formula flexibility** for every feeding problem. Also Klim, Merrell-Soule products, and Irradiated Evaporated Milk. Mr. H. H. Baker and Mr. A. D. Farrell will be in charge of the exhibit.

Burroughs Wellcome & Co. (USA) Inc.
New York City **Booths No. B-4 and B-5**

A representative group of fine chemicals and pharmaceutical preparations, together with new and important therapeutic agents of special interest to the medical profession, will be presented.

Cameron Surgical Specialty Company **Booth No. B-8**
Chicago, Illinois

See the new Cameron-Schindler Flexible Gastroscope, the Color-Flash Clinical Camera, the Projectoray, the Mirrorlite and latest developments in electrically lighted diagnostic and operating instruments for all parts of the body. You will also be interested in our radio frequency knives and coagulators.

S. H. Camp and Company **Booth No. C-18**
Jackson, Michigan

A life sized reproduction of the Camp Transparent Woman will be displayed as the central theme of a typical service department equipped to serve patients with the various supports prescribed by physicians. A complete line of merchandise for prenatal, postnatal orthopedic, visceroptosis, sacro-iliac, hernia and other specific conditions will be shown. Experts from the Camp staff will be in attendance to answer questions.

Ciba Pharmaceutical Products **Booth No. D-6**
Summit, New Jersey

Physicians are cordially invited to visit the Ciba Booth where they will find the well known line of CIBA specialties on display.
Mr. Frank H. Pratt will be at the booth and will be glad to discuss these products and supply interesting new information regarding many of them.

Coca-Cola Company **Booth No. A-7**
Atlanta, Georgia

Coca-Cola will be served to the physicians with the compliments of the Coca-Cola Company.

Cottrell-Clarke, Inc. **Booth No. D-17**
Detroit, Michigan

Mostly in the east, are some half dozen specializing printers engaged in supplying medical men with records and stationery; still nowhere is there an organization to compare with the personal attainments of Michigan's own COTTRELL-CLARKE, INC. (locally and popularly known as "the physicians' stationery folks") in developing varied types and sizes of folders and other ideas, all designed for facilitating neater and better record keeping. By all means see Cottrell-Clarke's exhibit this year.

The Cream of Wheat Corporation **Booth No. D-16**
Minneapolis, Minnesota

The 5-minute "CREAM OF WHEAT" will be on exhibit. This improved cereal is completely cooked in 5 minutes and has been fortified with additional vitamin B_1 (wheat germ and thiamin), iron, calcium, and phosphorus.

Cutter Laboratories **Booth No. E-4**
Chicago, Illinois

Cutter Laboratories will display their latest transfusion equipment, including the Saftivalve Transfusion Outfit and prepared human serum and plasma.

Davis & Geck, Inc. **Booth No. A-4½**
Brooklyn, New York

"This One Thing We Do"
10 Sutures

Davis & Geck, Inc. will display its complete line of sterile sutures including . . . fine gauge (0000 and 00000) catgut . . . a comprehensive group of sutures armed with swaged-on atraumatic needles and designed for specific surgical procedures . . . Dermalon skin and tension sutures (processed from nylon) which, because of marked physical advantages and economy, are rapidly replacing silkworm gut and other nonabsorbable materials.
A further feature of this exhibit will be a motion picture theater in which a diversified program of surgical films, in full color, will be presented daily.

R. B. Davis Sales Company **Booth No. E-21**
Hoboken, New Jersey

You are invited to enjoy a drink of delicious Cocomalt at Booth No. E-21. Cocamalt is refreshing, nourishing and of the highest quality. It is fortified with vitamins A, B_1 and D; calcium and phosphorus to aid in the development of strong bones and sound teeth; iron for blood; protein for strength and muscle; carbohydrate for energy.

DePuy Manufacturing Company **Booth No. E-16**
Warsaw, Indiana

You are invited to visit our exhibit where many new fracture appliances and bone instruments will be on display. Mr. Charles F. Klingel will be in charge and will be glad to answer any of your questions.

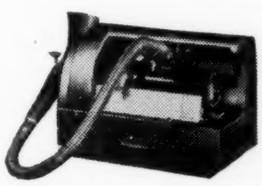
Detroit Creamery Company **Booth No. F-3**
Detroit, Michigan

Sealtest stands for quality milk, cream and ice cream. The red and white tradename is an assurance to the consumer of pure, wholesome dairy products produced in modern, sanitary plants operating under strict laboratory control.

Detroit X-Ray Sales Co. **Booth No. A-4**
Detroit, Michigan

The Detroit X-Ray Sales Company again takes pleasure in presenting important advances in shockproof x-ray equipment, designed in the "Mattern manner."
We feel that a visit to our booth will interest those contemplating the purchase of x-ray equipment. A cordial welcome is extended. Messrs. Hanks, McAlpine and Robinson, also Mr. R. J. Carseth, the Mattern factory representative, will be in attendance.

Dictaphone Corporation **Booth No. B-13**
Detroit, Michigan



You are cordially invited to inspect the new Dictaphone models and to learn how this modern dictating machine is serving physicians throughout the country. Make the Dictaphone Booth your headquarters.
The Dictaphone displays will be in charge of H. E. Trapp, Grand Rapids Manager, assisted by members of his staff.

The Dietene Company **Booth No. B-7**
Minneapolis, Minnesota

The Dietene Company cordially invites all members of the Michigan State Medical Society and their guests to visit our booth.
Our representatives will be looking forward to the opportunity of presenting our group of special purpose foods.

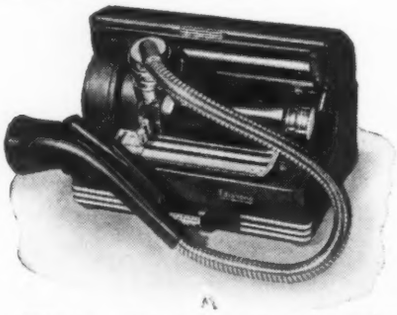
Doho Chemical Corporation **Booth No. E-8**
New York City

The Auralgan Exhibit consists of a model of the human auricle four feet high together with a series of twenty-four three dimensional ear drums, modeled under the supervision of outstanding otologists. Each of these drums depicts a different pathologic condition based upon actual case observation and prepared, in so far as possible, with strict scientific accuracy so as to be highly instructive and interesting to all physicians.

Duke Laboratories, Inc. **Booth No. C-4**
Stamford, Connecticut

The Duke Laboratories, Inc., will demonstrate the original, American-made, stretchable, adhesive surfaced bandage, Elastoplast, which is used whenever compression and support are required. Samples of Mediplast and Elastoplast Occlusive dressing, now being so widely used in plants on Defense work, will be available. Ask for samples of the prescriber's cosmetics—Nivea and Basis Soap—too.

The Ediphone Company **Booth No. E-5**
Grand Rapids, Michigan



THE EDIPHONE COMPANY extends a cordial invitation to all physicians to visit the display of EDIPHONE equipment. See the new Miracle Model Edison Voice Writer, also new Streamline Cabinet designs, manufactured by Edison, who invented and perfected sound recording. We welcome opportunity to demonstrate and discuss its application in the medical profession.

J. H. Emerson Company **Booth No. D-18**
Cambridge, Massachusetts

J. H. Emerson Company will demonstrate the new Emerson Combination Resuscitator, Inhalator, Aspirator apparatus, a safe, self-adjusting automatic breathing machine. A new, simplified mechanical principle has been incorporated in this unit which will be of interest to the doctor. The Emerson Diaphragm Type Respirator and the Emerson Suction pressure Boot for peripheral vascular diseases will also be on display.

H. G. Fischer & Co. **Booth No. B-16**
Chicago, Illinois

To every visitor at the Michigan State Medical Society we give this special invitation: Look under the hood of the new FISCHER models of apparatus shown! FISCHER shockproof x-ray apparatus, short wave units, ultra-violet and other generators are built to stand the very hardest day-by-day usage. Demand to be shown the real under-the-hood facts about FISCHER Models.

C. B. Fleet Company **Booth No. E-14**
Lynchburg, Virginia

Phosphe-Soda (Fleet) is a highly concentrated and purified, aqueous solution of sodium phosphates. It is nontoxic, rapid but mild in action without irritation of the gastric or intestinal mucosa. It is indicated for hepatic dysfunction and for its thorough eliminating and cleansing action on the upper and lower gut.

General Electric X-Ray Corp. **Booth No. A-5**
Detroit, Michigan

We cordially invite the physicians and their families who attend this meeting to make use of the lounge facilities provided at our booth for their comfort. We particularly look forward to a visit from users of our equipment and a cordial invitation is extended to all physicians who may have technical problems to discuss with our staff in attendance.

Gerber Products Company **Booth No. E-12**
Fremont, Michigan

The complete line of Gerber Baby Foods will be on display. There are two precooked dry cereals, one a wheat, the other an oatmeal cereal. Of the canned foods, there are both strained and Junior or chopped foods. Booklets available for distribution to mothers or patients on special diets as well as professional literature will be sent to registrants, for examination.

Hack Shoe Company **Booth No. A-2**
Detroit, Michigan

Twenty-five years of evolution in health shoe construction will be exemplified in the Hack Shoe Company exhibit.
This pioneer prescription shoe organization will also display a series of roentgenographs demonstrating how the foot bones lie in correctly and incorrectly fitting shoes.
HACK-O-PEDIC clubfoot and surgical shoes and TRI-BANLANCE shoes for men, women and children complete the exhibit.

Hanovia Chemical & Mfg. Company **Booth No. C-17**
Newark, New Jersey

The very latest in ultra-violet equipment will be demonstrated, including the outstanding uses of ultra-violet radiation in the fields of science, medicine and public health. Don't fail to see our new line of self-lighting ultra-violet high-pressure mercury arc lamps. Short and ultra short wave apparatus, Sollux Radiant Heat Lamps and our latest development, quartz ultra-violet lamps for air sanitation.

J. F. Hartz Company **Booths No. E-6 and E-7**
Detroit, Michigan

All physicians are invited to visit the booth of the J. F. Hartz Company—the progressive medical supply firm of Detroit who are nationally known.
An interesting display of instruments, equipment, and pharmaceuticals may be seen.
This firm has recently added another floor to care for the expanding business of its manufactured pharmaceuticals which are made under strict laboratory control, and in compliance with the regulations of the Federal Food and Drug Department.

H. J. Heinz Company **Booth No. E-18**
Pittsburgh, Pennsylvania

The makers of Heinz Strained and Junior Foods appreciate the confidence which the members of the Michigan State Medical Society have expressed in their recommendation of these foods for infant feeding and special diets. F. B. Heard and H. A. Elenbaas are at your service and will welcome members and friends at the exhibit.

Holland-Rantos Company, Inc. **Booth No. F-11**
New York City

The latest developments in the field of medically prescribed contraceptives will be featured at the booth of the Holland-Rantos Company. Rantex masks and Rantex caps for operating room will be of unusual interest to surgeons who are looking for something comfortable yet efficient in this line.

The G. A. Ingram Co. **Booths No. D-21 and D-22**
Detroit, Michigan

The G. A. Ingram Company extends an invitation to all visitors at the Michigan State Medical Convention to make their booth their headquarters and, especially, to investigate their new line of diagnostic instruments and their complete line of genuine Swedish stainless steel instruments. They will also show the latest in electrical equipment.

Jones Metabolism Equipment Company **Booth No. D-5**
Chicago, Illinois

Interview our representative, William Niedelson, about the development of the first waterless basal through 20 years by the addition of many scientific devices to assure accuracy, operative simplicity and guarantee the purchaser a lifetime of use without repair expense.

"The 'Junket' Folks" **Booth No. B-3**
Chr. Hansen's Laboratory
Little Falls, New York

"THE 'JUNKET' FOLKS" will serve rennet-custards made with either "Junket" Rennet Powder or "Junket" Rennet Tablets. There is also a display of "Junket" Brand Food Products. Enlarged photographs show how the rennet enzyme in rennet-custards transforms milk into softer, finer curds. Rennet-custards are widely recommended for infants, children, convalescents, postoperative cases and as a delicious, healthful dessert for the whole family. Fully informed attendants on duty.

Kalak Water Company **Booth No. E-17**
New York City

Visit the **KALAK WATER** booth and ask the representative how KALAK WATER may be employed to minimize the discomforts that so frequently follow the administration of the Sulfonamides. Ask the representative to serve you with a glass of KALAK WATER and learn for yourself how delicious and refreshing KALAK WATER really is when it is properly served.

A. Kuhlman & Company **Booth No. A-8**
Detroit, Michigan

The Kuhlman display will consist of a selected line of diagnostic instruments, a special line of indwelling catheters, cystoscopes, urologic instruments, pneumothorax apparatus, and a general line of instruments and accessories for physicians and surgeons.

Lea & Febiger **Booth No. D-14**
Philadelphia, Pennsylvania

Lea & Febiger will exhibit Portis' Digestive Diseases, Kraines' Psychoses, Ballenger's Manual, Rowe's Elimination Diets, Lewin's The Foot and Ankle, Rony's Obesity and Leanness and new editions of Holmes and Ruggles' Roentgenology, Joslin's Diabetes and Manual, Comroe's Arthritis, Bridges' Dietetics, Spaeth's Ophthalmology and Kessler's Accidental Injuries.

Lederle Laboratories **Booth No. E-22**
New York City

You are cordially invited to visit the Lederle Exhibit which will feature colored slides on the refining of Antitoxins. These slides were taken from a new motion picture film on this subject.
They will exhibit the many specialties for which they are noted and the latest releases in Sulfonamide drugs. Literature on the various Sulfonamides will be available.

Libby, McNeill & Libby **Booth No. B-17**
Chicago, Illinois

You are cordially invited to visit Libby, McNeill & Libby's exhibit where attendants will point out the merits of Homogenized Baby Foods, Chopped Foods and Evaporated Milk. Libby's special method of Homogenization makes Libby's Baby Foods extra smooth, extra easy to digest.

Liebel-Flarsheim Company **Booth No. C-7**
Cincinnati, Ohio

Liebel-Flarsheim Company will exhibit the well-known L-F Short Wave Generators as well as the famous Bovie Electro-Surgical Units and other new and interesting electro-medical apparatus.
A cordial invitation is extended to visit The Liebel-Flarsheim booth to inspect this outstanding equipment and have it demonstrated to you.

Eli Lilly and Company **Booth No. C-1**
Indianapolis, Indiana

Eli Lilly and Company will demonstrate the germicidal efficacy of "Merthiolate" (Sodium Ethyl Mercuri Thiosalicylate, Lilly) and the compatibility of the antiseptic with body cells and fluids. Other new and useful products will be featured.

J. B. Lippincott Company **Booth No. E-11**
Philadelphia, Pennsylvania

New Lippincott books of interest to every physician are Grollman's "Essentials of Endocrinology," Tobias' "Essentials of Dermatology," Haden and Thomas' "Allergy in Clinical Practice" and Youmans' "Nutritional Deficiencies." Leaman's "Management of the Cardiac Patient," today's sales leader, will be displayed, as will Thorek's three-volume "Modern Surgical Technic."

The McKesson Appliance Company **Booth No. D-20**
Toledo, Ohio

The McKesson Appliance Co. will exhibit a complete line of scientific equipment involving the uses of anesthetic gases and oxygen therapy. Both waterless and water spirometer type basal metabolism units will be shown. Practical demonstrations will be made on the new direct reading electrocardiograph.

M & R Dietetic Laboratories, Inc. **Booth No. C-11**
Columbus, Ohio

Similac, a completely modified milk especially prepared for infants deprived either partially or entirely of breast milk, will be featured. Mr. David O. Cox and Mr. L. A. MacDonald will appreciate the opportunity to discuss the merits of Similac and its suggested application for both the normal and special feeding cases.

Mead Johnson & Company **Booths No. C-21 and C-22**
Evansville, Indiana

"Servamus Fidem" means We Are Keeping the Faith. Almost every physician thinks of Mead Johnson & Company as the maker of Dextri-Maltose, Pablum, Oleum Percomorphum and other infant diet materials. But not all physicians are aware of the many helpful services this progressive company offers physicians. A visit to Booths C-21 and C-22 will be time well spent.

Medical Arts Surgical Supply Company
Grand Rapids, Michigan **Booths No. C-5, C-6 and B-14**

The Medical Arts Surgical Supply Company of the best city will show the exclusive line of Liebel Flarsheim short wave generators, the latest items in the beautiful Ritter ear, nose and throat equipment, and a complete suite of the Hamilton Nu Tone furniture along with the latest in autoclave and sterilized units. An invitation is extended to all doctors to call at these booths.

Medical Case History Bureau **Booth No. D-9**
New York City

Simplifying the Doctor's History Record and Bookkeeping System with the INFO-DEX RECORD CONTROL SYSTEM.
Maintenance of accurate, informative data on both history and financial records is essential in the modern doctor's practice. The INFO-DEX Record Control System helps to keep a constant finger on the physical and financial pulse of the patient. This system correlates information almost automatically for instant reference and research work. Its method of cross-indexing interesting cases according to the disease is unique and exclusive.

The Medical Protective Company **Booth No. D-8**
Fort Wayne, Indiana

The Medical Protective Company invites you to visit its booth. Medical Protective Service is an institution of the Medical profession whose legal liability problems we have concentrated upon for 42 years. Bring your professional liability questions and problems to us.

The Mennen Company **Booth No. A-1**
Newark, New Jersey

The Mennen Company will exhibit their two baby products—Antiseptic Oil and Antiseptic Borated Powder. The Antiseptic Oil is now being used routinely by more than 90 per cent of the hospitals that are important in maternity work. Be sure to register at the Mennen exhibit and receive your kit containing demonstration sizes of their shaving and after-shave products.

Mellin's Food Company **Booth No. E-15**
Boston, Massachusetts

Physicians are cordially invited to call and to place before our repesentatives all questions regarding

the composition of Mellin's Food and its usefulness in infant and adult feeding. It is suggested that constipation in infancy and the preparation of nourishment for adult patients who are far below normal as a result of prolonged illness or faulty diet are particularly interesting topics for discussion.

The Wm. S. Merrell Company **Booth No. B-2**
Cincinnati Ohio

The Merrell exhibit will feature Oravax, the oral catarrhal vaccine in enteric coated tablets for protection against the common cold; as well as other new prescription specialties of timely interest. Merrell representatives will be at the booth ready to show these products and answer any question.

Michigan Medical Service **Booth No. A-6**
Michigan Hospital Service
Detroit, Michigan

Complete information about the Medical Service and Surgical Benefit Plans of Michigan Medical Service will be available in this featured exhibit of the results of operation of the doctors' prepaid group medical service program.
There will also be an interesting display of the working of the companion hospital service plan of Michigan Hospital Service.

The C. V. Mosby Company **Booth No. D-3**
St. Louis, Missouri

Physicians and surgeons interested in the new developments in medicine and surgery are cordially invited to inspect the new publications which will be on display at the Mosby Booth. Outstanding new volumes on surgery, dermatology, pediatrics, gynecology, heart diseases, X-Ray, and practice of medicine will be shown.

National Live Stock and Meat Board **Booth No. B-12**
Chicago, Illinois

The exhibit of the National Live Stock and Meat Board will portray Meat as a source of the essential food elements, protein, fats, carbohydrates, calcium, phosphorus, iron, copper and six vitamins with special emphasis on the factors of the vitamin B complex.

Nestle's Milk Products, Inc. **Booth No. D-19**
New York City

The Nestle's Milk Products, Inc., exhibit will feature Lactogen which has given successful results in infant feeding for more than 15 years. Mr. J. B. Gibbs will be in charge of the exhibit.

Parke, Davis & Company
Deroit, Michigan **Booths Nos. C-12, C-13 and C-14**

Featured in the Parke-Davis exhibit will be the sex hormones, theelin and theelol; antisyphilitic agents, such as mapharsen and Thio-Bismol; posterior lobe preparations, including pituitrin, pitocin and pitressin; and various adrenalin chloride preparations.

Pelton & Crane Company **Booth No. D-4**
Detroit, Michigan

The Pelton & Crane Company will exhibit its complete line of office sterilizers, autoclaves and operating lights; also, fountain cuspidors and other specialty items. The exhibit will be in charge of Mr. C. K. Vaughan, who looks forward to the pleasure of renewing old acquaintances.

Pet Milk Sales Corporation **Booths Nos. C-9 and C-10**
St. Louis, Missouri

An actual working model of a milk condensing plant in miniature will be exhibited by the Pet Milk Company. This exhibit offers an opportunity to obtain information about the production of Irradiated Pet Milk and its uses in infant feeding and general dietary practice. Miniature Pet Milk cans will be given to each physician who visits the Pet Milk Booth.

Petrolagar Laboratories, Inc. **Booth No. D-2**
Chicago, Illinois

Petrolagar Laboratories, Inc. offer, in addition to samples of the Five Types of Petrolagar, an interesting selection of descriptive literature and anatomical charts. Ask the Petrolagar representatives to show you the HABIT TIME booklet. It is a welcome aid for teaching bowel regularity to your patients.

Philip Morris & Company **Booth No. E-1**
New York City

Philip Morris & Company will demonstrate the method by which it was found that Philip Morris cigarettes, in which diethylene glycol is used as the hygroscopic agent, are less irritating than other cigarettes. Their representative will be happy to discuss researches on this subject, and problems on the physiological effects of smoking.

Picker X-Ray Corporation **Booth No. B-10**
New York City

Visitors to the Picker X-Ray Corporation's booth will have an opportunity of seeing the well-known Picker-Waite "Century." This diagnostic unit provides for radiography and fluoroscopy in all positions from the vertical to the Trendelenburg—either hand or motor operated. Also on display will be a fine example of a combination portable and mobile shockproof x-ray unit. This apparatus is suitable for general office use or portable work in the patient's home. A number of newly developed x-ray accessories and diagnostic opaque chemicals will be exhibited.

Professional Management **Booth No. F-2**
Battle Creek, Michigan

PM

Bring your professional and business problems for Free Consultation Service with any of the Professional Management Staff. Henry C. Black and Allison E. Skaggs, Battle Creek; Wendell A. Persons, Saginaw; Willis B. Mallory, Detroit; and Morris C. Flanders, Grand Rapids, will all be available to members of the Michigan State Medical Society.

Randolph Surgical Supply Company, **Booth No. B-9**
Detroit, Michigan

A varied assembly of the newest in medical and surgical equipment will be featured at the Randolph Surgical Supply Company exhibit. A skilled and efficient personnel will explain if you wish any of the features of the new equipment, diagnostic instruments, surgical supplies and electrical equipment. You will find your visit at the Randolph display very much worth while. Representatives in attendance will include Theo Ward, Harold Stormhafer, Arthur Rankin and Cliff Randolph.

Riedel-de Haen, Inc. **Booth No. B-6**
New York City

The Riedel-de Haen exhibit will feature two chemically pure bile acids: Decholin, the true choleretic, and Degalol, the fat emulsifier. Physicians are invited to register for abstracts of clinical reports on these products. Attending representatives will appreciate the opportunity to discuss the latest developments in the therapeutic application of chemically pure bile acids.

S.M.A. Corporation **Booth No. D-1**
Chicago, Illinois

Among the technical exhibits at the convention this year is an interesting new display, which represents the selection of infant feeding and vitamin products of the S.M.A. Corporation. Physicians who visit this exhibit may obtain complete information, as well as samples, of S-M-A Powder and the special milk preparations—Protein S-M-A (Acidulated), Alerdex and Hypo-Allergic Milk.

Sandoz Chemical Works, Inc. **Booth No. D-15**
New York City

This exhibit will stress Council-accepted products: Gynergen (ergotamine tartrate) for migraine and uterine hemostatis; Digilanid, the crystallized initial glycosides of Digitalis lanata, standardized gravimetrically and biologically; Scillaren and Scillaren-B, pure cardiodiuretic squill principles, and Dandoptal, an effective hypnotic. Also the original gluconate preparations of calcium (Calglucon) for oral and parenteral therapy.

W. B. Saunders Company **Booth No. B-1**
Philadelphia, Pennsylvania

Of particular interest are such new books as Ladd & Gross' "Abdominal Surgery in Infancy and Childhood," Kilmer & Tuft's "Clinical Immunology, Biotherapy and Chemotherapy," Steinbrocker's "Arthritis," Johnstone's "Occupational Diseases," Graybiel & White's "Electrocardiography in Practice," Krusen's "Physical Medicine," Novak's "Obstetrical and Gynecological Pathology," Walters & Snell's "The Gallbladder and Its Diseases," the 1941 Mayo Clinic Volume, Griffith & Mitchell's "Pediatrics," and a number of other important new books and new editions.

Schering Corporation **Booth No. E-2**
Bloomfield, New Jersey

The Schering exhibit includes real and striking recent advances such as SULAMYD, highly effective sulfacetimide of considerably lower toxicity; **orally** active sex hormones, ORETON-M, PROGYNON-DH and PRANONE tablets; efficient BARAVIT for bulk laxative therapy; and the new physiological antacid, LUDOZAN tablets, forming a true protective gel in your patient's stomach.

Scientific Sugars Company **Booth No. C-15**
Columbus, Indiana

Scientific Sugars Company will display Cartose, Hidex, and the Kinney line of nutritional products. Physicians are cordially invited to stop. Well informed representatives will be in attendance.

Sharp & Dohme **Booth No. D-12**
Philadelphia, Pennsylvania

Sharp & Dohme will show their new modern display this year, featuring "Delvinal" Sodium, "Lyovac" Normal Human Plasma, "Lyovac" Bee Venom Solution, and other "Lyovac" biologicals. There will also be on display a group of new biological and pharmaceutical specialties prepared by this house, such as "Propadrine" Hydrochloride products, "Rabellon," "Padrophyll," "Riona," "Depropanex" and "Ribothiron." Capable well-informed representatives will be on hand to welcome all visitors and furnish information on Sharp & Dohme products.

Smith, Kline & French Laboratories **Booth No. E-10**
Philadelphia, Pennsylvania

This year, Smith, Kline & French Laboratories begins its second century of service to the medical profession. The members of the Michigan State Medical Society are cordially invited to visit this exhibit and discuss the products displayed. These will include benzedrine inhaler, benzedrine sulfate tablets, benzedrine solution, and pentnucleotide.

Frederick Stearns & Company
Detroit, Michigan **Booths No. D-10 and D-11**

Doctors are cordially invited to visit our attractive convention booths, to view and discuss outstanding contributions to medical science developed in the Scientific Laboratories of Frederick Stearns & Company.
Our professional representatives will be pleased to supply all possible information on the use of such outstanding products as Neo-Synephrin Hydrochloride for intranasal use, Mucilose for bulk and lubrication, Ferrous Gluconate, Potassium Gluconate, Gastric Mucin, Susto, Trimax, Appella Apple Powder, Nebulator with Nebulin A, and our complete line of vitamin products, together with liver extract U.S.P., oral and subcutaneous for the treatment of pernicious anemia as well as other products will be readily available.

E. R. Squibb & Sons **Booth No. D-13**
New York City

A number of new and interesting chemotherapeutic specialties, vitamin, glandular and biological products will be featured in the Squibb Exhibit. Well informed Squibb Representatives will be on hand to welcome you and to furnish any information desired on the products displayed.

U. S. Standard Products Company **Booth No. C-20**
Woodworth, Wisconsin

MAGSORBAL will be on display by the U. S. Standard Products Company at the State Medical Meeting in Grand Rapids. Have our representative tell you about the merits of this product. Other items of great interest will be on display.

Wall Chemicals Corporation **Booth No. E-3**
Detroit, Michigan

Wall Chemicals Corporation, a division of the Liquid Carbonic Corporation, will have on display a quantity of compressed gas anesthetics and resuscitants. There will also be a complete line of oxygen therapy equipment including the "Walco" oxygen humidifier, for the nasal administration of oxygen, and the "Walco" oxygen face mask.

Westinghouse X-Ray Co., Inc. **Booth No. C-19**
Detroit, Michigan

The Westinghouse X-Ray Division will display the most recent development of compact x-ray equipment. Considering the size, there is greater power than heretofore. The recently publicized bactericidal "Sterilamp" and "Thin Window Lamp" will be available for examination. The "Scialytic," standard of surgical lighting will be shown in the latest models.

White Laboratories, Inc. **Booth No. E-9**
Newark, New Jersey

White Laboratories, Inc., will present White's Cod Liver Oil Concentrate Liquid, Tablet and Capsule (and White's Thiamin Chloride Tablet)—all Council-accepted.
The practical advantages provided by cod liver oil concentrate as an economical and convenient measure of vitamins A and B prophylaxis and therapy will be discussed. Pertinent information concerning our newer knowledge of the vitamins and vitamin deficiency states will be offered for consideration.

Winthrop Chemical Company, Inc. **Booth No. C-8**
New York City

A cordial invitation is extended to every member of the Michigan State Medical Society to visit Booth No. C-8 where representatives will gladly discuss the latest preparations made available by this firm. You will receive valuable booklets dealing with anesthetics, analgesics, antirachitics, antispasmodics, antisyphilitics, diagnostics, diuretics, hypnotics, sedatives and vasodilators.

John Wyeth & Brother, Inc. **Booth No. A-3**
Philadelphia, Pennsylvania

You are cordially invited to visit the John Wyeth and Brother exhibit where the following pharmaceutical specialties will be on display:
Amphojel, Wyeth's Alumina Gel, for the control of hyperacidity and peptic ulcer. Wyeth's Hydrated Alumina Tablets, for the convenient control of hyperacidity. Kagomagma, Wyeth's magma of alumina and kaolin, for the control of diarrhea. B-Plex, Wyeth's Vitamin B Complex Elixir. A-B-M-C Ointment, the rubefacient, counter-irritant, for the relief of arthritic pain. Bepron, Wyeth's Beef Liver with iron. Bewon Elixir, Wyeth's palatable appetite stimulant.

Zimmer Manufacturing Company **Booth No. E-20**
Warsaw, Indiana

A complete line of fracture equipment will be on display. Your factory representative, Mr. Fisher, will be pleased to see you, and demonstrate any item. Of special interest—a sterilizable bone plate and screw container which should be seen, the new S-M-O Bone Plates and Screws, a screw driver that is different, and the Luck Bone Saw complete with all attachments.

THE MICHIGAN POSTGRADUATE PROGRAM

Autumn, 1941

The Michigan State Medical Society, in coöperation with the University of Michigan Medical School, Wayne University College of Medicine, and the Michigan Department of Health, announces the semi-annual extramural course for practising physicians to be given in October, 1941.

CENTERS	DATES
Ann Arbor	October 2, 9, 16, 23
Battle Creek*	September 30, October 7, 14, 21
Flint	October 1, 8, 15, 22
Grand Rapids	October 2, 9, 16, 23
Lansing*	October 2, 9, 16, 23
Mount Clemens	October 1, 8, 15, 22
Saginaw*	September 29, October 6, 13, 20
Traverse City*	October 3, 10, 17, 24

Subjects

The Modern Treatment of Fractures.
The Recognition and Prevention of Accidents of Pregnancy. (Obstetrician).
The Complications of Pregnancy. (Internist).
Emergency Drugs in General Practice.
The Office Management of the Allergic Patient.
The Office Management of the Diabetic.
The Diagnosis and Management of Cancer of the Gastro-intestinal Tract.
Abnormalities of Growth and Development in Children.

The Course Is Offered Without Cost to All Legally Qualified Physicians in Michigan

Intramural Courses

Nutritional and Endocrine Problems.
November 3-6, inclusive, University Hospital, Ann Arbor.

Electrocardiographic Diagnosis.
November 3-8, inclusive, University Hospital, Ann Arbor.

Anatomy.
September 10-throughout year. (For further information write or call Dr. M. R. Collins, Wayne University Medical School, Detroit).

Anatomy.
Second Semester (Thursdays), 1942. West Medical Building, University of Michigan, Ann Arbor.

Details of intramural courses will be available soon.

Chairman, Committee on Postgraduate Medical Education
Michigan State Medical Society
Room 2040, University Hospital
Ann Arbor, Michigan

*Spring programs will be given in Kalamazoo, Jackson, Bay City, and Cadillac.

✶ THE BUSINESS SIDE OF MEDICINE ✶

THE BUSINESS SIDE OF MEDICINE IN BOOM TIMES

By ALLISON E. SKAGGS and HENRY C. BLACK

Practicing medicine in boom times is now being experienced by many doctors for the first time in their lives. Even those men who were practicing during the strenuous days of the first World War and during the affluent years of the late '20's find business situations a bit different today. Money is circulating rapidly; most employables are employed; wages have been hiked upward; and the consequent greater demand for medical services finds fewer doctors available due to the numbers in military service. During the past ten years the "times" have been blamed for poor collections, insufficient business, low prices and inability to expand office facilities and equipment. Now that "hard times" cannot be blamed for these situations, it would seem at first glance that everything should be rosy, yet many of the doctors who have started practice in the last ten years will make the same mistakes that were made by their predecessors during the first World War, and many of those who experienced the depression which began in 1929 will allow their fears of what is to come to confuse their judgment again in this change of economic conditions, particularly as to the "timing" of the economic cycle.

While most doctors who were not already operating at full capacity are experiencing increased income, it is necessary for them to realize that taxes, particularly income taxes, will in many cases use up the increase in net profits. Instead of paying a nominal amount on each March 15, it may be necessary to set aside a substantial sum each month as a part of the regular expenses so that funds will be available for the tax when due. Serious errors leading to financial embarrassment will result from ignoring this situation and spending or investing the money as it comes in without thought for future tax needs.

Although increased volume of work usually brings increased cash receipts, it also increases expenses, and it has been our experience that the actual percentage of collections in good times is often lower than in years of depression. While this may seem like a paradox, we know it to be true, probably due to the fact that during boom years optimism prevails and patients make the same mistakes outlined above, spending their money and incurring obligations for houses, furnishings, cars, and other things which they would deny themselves during poor years, with the result that there are not sufficient funds to pay normal living expenses, such as medical bills, when they come due. Neglected collections usually result not only in a loss of money but in a deterioration of the quality of the practice as the dead-beat and slow-paying patients gradually gravitate to the doctor whose business procedures are lax.

Mistakes in judgment will be made during the coming years in two entirely opposite but equally unfortunate ways. The young man experiencing "easy money and lots of it" for the first time and with more practice than he knows what to do with, will in some cases go completely overboard in expanding his office, taking on help, buying property, making too many long term commitments in life insurance and investments requiring *continued* regular payments, and will find himself eventually overexpanded in his finances just as many others did in 1929 and '30. At the other extreme, the ultra-conservative, remembering the bitter lesson of the last depression and confusing the present boom with the industrial boom of the late '20's, will miss opportunities for professional advancement, fail to expand his practice as he should, overeconomize and end up with a practice that is slipping, a lack of faith in things financial, and a final realization of that unfortunate situation —an irretrievably lost opportunity.

Both of these errors can be avoided only by objective thinking and planning based on accurate information. All doctors know why a patient should not diagnose his own case and experi-

ment on his own treatment. Lack of coördinated facts, lack of experience, and the difficulty of objective reasoning are three of the many reasons. In the doctor's planning of his own business affairs he, too, often practices "patent medicine." By careful records of his assets, his debts, his income and his expenses, he can have the facts; by analysis and comparison of his own years of experience, he can estimate the future, and by doing these two things painstakingly over a period of time, he will develop a judgment sufficient for his needs. Few optimistic ideas and few pessimistic fears are wholly accurate. As a famous politician of this generation says, "Let's look at the record."

Charles Dickens wrote—"Annual income 20 pounds, annual expenditures 19.96, result happiness; annual income 20 pounds, annual expenditures 20.06, result misery." So close is the margin between pleasant, unworried business affairs and the harassed life of a man forever behind the well-known "eight ball" that we are prompted to give an example, showing how slight an additional cash requirement can bring an unbalanced personal budget, particularly at this time. Supposing you took in $10,000.00 last year, and your office expenses were $4,000.00, leaving you a net of $6,000.00; just suppose that your living expenses were $5,000.00, and your life insurance $500.00, which left you a net surplus of $500.00, with an income tax to pay out of that amounting to $175.00, which finally left $325.00 neither spent nor invested. At the beginning of this year you bought a house agreeing to pay $50.00 per month. That is $600.00 per year and you must make $275.00 more than last year in order to come out even. Then, supposing your income tax is tripled as is very likely this year, adding $350.00 to your net deficit. It is the long term obligation to fixed monthly payments without knowing in advance that there will be sufficient surplus to take care of these payments, which, added to the new tax burden, will cause the most financial embarrassment.

To avoid such errors in judgment in times like these, there is nothing so necessary as complete accurate knowledge of your income, expenses, requirements for the payments of debts, and the relation they bear to assets and liabilities. In other words, prepare and maintain a case history on your business affairs so that your financial decisions are based on the same accurate knowledge as are your professional decisions. In this way, what could be a serious time for you can be made into an opportunity, which probably will not repeat itself during your lifetime.

———MSMS———

PROPOSED AMENDMENTS TO CONSTITUTION AND BY-LAWS OF MICHIGAN STATE MEDICAL SOCIETY

The following amendments were presented at the 1940 Convention and according to the Constitution were referred to the 1941 Session of the House of Delegates for final consideration:

Constitution

1. Amend Article IV, Section 3 to read as follows: "The officers of this Society, Past Presidents, and Members of The Council shall be ex-officio members of the House of Delegates without power to vote."

Comment: This amendment adds the past presidents of the Michigan State Medical Society to the ex-officio members of the House of Delegates.

2. Amend Constitution, Article IX, Section 4, to read as follows: "The Secretary shall collect all annual dues and all monies owing to the Society, depositing them in an approved depository and disbursed by him upon order of The Council, or invested by him in United States Government bonds with approval of The Council."

Comment: The Reference Committee, in 1940, recommended that this proposed amendment re finances be rejected.

3. Amend Article XII, Section 1 to read as follows: "The House of Delegates may amend any article of this constitution by a two-thirds vote of the Delegates seated at any annual session, provided that such amendment shall have been presented in open meeting at the previous annual session, and that it shall have been published at least once during the year in the Journal of the Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken."

Comment: This amendment changes the word "present" to "seated." See next amendment re "Sessions and Meetings."

4. Amend Constitution by adding a new article to be known as Article XII:

"SESSIONS AND MEETINGS

"Section 1. A session shall mean all meetings at any one call.

"Section 2. A meeting shall mean each separate convention at any one session."

Comment: This new Article is for the purpose of clarifying what is meant by the terms "sessions and meetings."

5. Amend the Constitution by renumbering old Article XII to "XIII."

By-Laws

6. Amend By-Laws, Chapter 10, Section 1, to read as follows: "These By-Laws may be amended by a majority vote of the delegates present, after the proposed amendment is laid on the table for one meeting. These By-Laws become effective immediately upon adoption."

Comment: This amendment consists of substituting the word "meeting" for the word "session" to bring the By-Laws in conformity with the Constitution upon the adoption of above proposed amendments, thereto.

ANNOUNCEMENT

The Neuro-Psychiatric Institute of the Hartford Retreat announces the following appointments to its professional and assisting staffs:

PROFESSIONAL STAFF

Psychiatrist-in-Chief
C. Charles Burlingame, M.D., F.A.C.P.

Associate Psychiatrists
Leslie R. Angus, M.D.
H. Ryle Lewis, M.D.

Senior Psychiatrists
Edward L. Brennan, M.D.
William G. Young, M.D.
Josef A. Kindwall, M.D.
John W. Kinley, M.D.

Psychiatrists
Gordon H. Hutton, M.D.
Paul L. Phillips, M.D.
Ralph M. Stolzheise, M.D.
Robert L. Wagner, M.D.
Percy L. Smith, M.D.
Thomas G. Peacock, M.D.

Fellows in Psychiatry
Max Hayman, M.D.
Holmes E. Perrine, M.D.
Harry L. MacKinnon, M.D.
Laurence A. Hessin, M.D.
Robert S. Darrow, M.D.
Robert J. Hawkins, M.D.
Margaret A. Daley, M.D.

Psychologist
Blake D. Prescott, B.A., M.A., M.D.

Research Fellow in Psychiatry
Robert J. Streitwieser, M.D.

Research Associate in Psychiatry
John M. Cotton, B.Sc., M.D.

Research Associate in Endocrinology
Marjorie B. Patterson, B.S.

Research Associate in Electro-encephalography
Herbert H. Jasper, A.B., M.A., Ph.D., és Sc.

Research Associate in Electro-encephalography
Wladimir Theodore Liberson, Ph.D., M.D.

Research Assistant in Allergy
Marjorie A. Darken, B.S., M.A.

Oculist
Harry St. C. Reynolds, M.D.

Gynecologist
Louis F. Middlebrook, M.D.

Roentgenologist
Gilbert W. Heublein, M.D.

Assistant Psychologist
Marie C. Morgan, B.A.

Dentist
George B. Odlum, D.M.D.

Physician, Employees' Health Service
William A. Wilson, M.D.
Joseph F. Jenovese, M.D.

THE ASSISTING STAFF

Assistant to the Psychiatrist-in-Chief
Stella H. Netherwood, R.N.

2nd Assistant to the Psychiatrist-in-Chief
Mildred E. LaBombard

3rd Assistant to the Psychiatrist-in-Chief
Ena Greenstreet

Secretaries to the Psychiatrist-in-Chief
Adelaide Ray
Rosalie Carroll

Introductor
Mary V. Cronin, R.N.

Assistant Introductors
Evelyn B. Dunlap, R.N.
Josephine LiVecchi, B.A.

General Director of Nursing
Elsie C. Ogilvie, R.N.

Director of Nursing
Mary E. Curtis, B.N., R.N.

Director of Nursing Education
Helen M. Roser, M.A., B.A., R.N.

Assistant Director of Nursing Education
Regina A. Driscoll, B.A., R.N.

Nursing Instructor
Edla C. Warner, R.N.

Nursing Supervisors
Mary Giannettino, R.N.
Alice Giannettino, R.N.
Margaret L. Fehr, R.N.
Erma D. Johnson, R.N.

Nursing Supervisors (cont.)
Harold R. Towne, R.N.
Louise M. Perry, R.N.
Lois Cramb, R.N.

Research Technician
Elizabeth I. Gienandt, B.A.

Laboratory Technicians
Clair A. Reavey, B.A.
Mabel M. Bing You, Certificate
V. Wilson School

X-Ray Technician
Marion L. Kaul, Diploma
Northwest Institute

Pharmacist
Frank V. Zito, Ph.G.

Librarian, Jelliffe Library, and Translator
Mary B. Jackson, B.A., M.A.

Associate Librarian, Jelliffe Library
Katherine Malterud

Special Dietitian
Eleanore L. Breen, Certificate
Leslie School

Oral Hygienist
Patricia A. McCabe, O.H., Certificate
Columbia University

Chief of Medical Records Room
Ella C. Saunders

Correspondence Secretary
Lee A. Ferguson

Special Assistants to the Psychiatrist-in-Chief
William M. Jennings
Thomas E. Murphy, LL.B.
Henrietta L. Hills

Resident Auditor
Albert W. Stevens

Comptroller
Alfred S. Hampson

Chief, Purchasing and Contract Department
Helen R. Schait, Certificate
Pratt Institute

Personnel Manager
C. Pauline Kline

Employee Instructor
Anne F. Browne, R.N.

Employment Managers
Elizabeth B. Stephenson, B.A.
Doyle D. Henry, R.N.

Manager of Graduate Clubs
Helena E. Woodall, Skerry College, Plymouth, England

Assistant Manager of Graduate Clubs
Sophie Coleman

Chief, Dietary Department
Armand L. Pelletier

Supervisor of Food Service
Helen G. Jacobs

FACULTY OF INSTRUCTORS FOR GUESTS

Chairman, The Faculty of Instructors for Guests
Blake D. Prescott, B.A., M.A., M.D.

Executive Officer, The Faculty of Instructors for Guests
Constance Smithwick, R.N.

Associate Executive Officer, The Faculty of Instructors for Guests and Chief Instructor University Extension Courses
Angela T. Folsom, B.A., M.A.

Secretary
Barbara J. Gately, B.A.

Editor, Publication for Guests
Mary E. Burhoe, B.A.

Art Editor, Publication for Guests
Carolyn C. Bronson, Art Students League of New York

Social Director
Ruth D. Tuttle, B.A., M.A.

Instructors, University Extension Courses
Margaret L. Adams, B.A., M.A.
Margaret F. Head, B.A.
Effie Jane Sutherland, B.A.

Instructor, French
Marguerite Yourcenar, B. és L.

Librarian, Guest Library
Phoebe L. Adams, B.A.

Consulting Librarian, Guest Library
Mary Alice Thoms, B.A.

Instructor, Horticulture
Robert F. Stevens, B.S., M.S.

Instructors, Current Events
Ward E. Duffy, B.A., B.Lit.
John W. Colton, B.A., B.Lit.

Instructors, Physical Education
Joseph E. Roche, B.A.
Frank Kubin, B.A.
Alice F. Richards, B.S.
Frances E. Guild, B.S.

Instructor, Sculpturing
Frances L. Wadsworth, Student of a Rodin pupil

Instructor, Painting and Modelling
Catherine D. Cardamon, Certificate
Pratt Institute

Instructor, Painting and Drawing
Helen Faude, Yale Art School

Instructor, Appreciation of Art
A. Everett Austin, Jr., B.S.

Instructor and Modiste
Doris Runshaw

Instructor, Shorthand and Commercial Courses
Martha L. Blake, Certificate
Bay Path Institute

Instructor, Bridge
Theodosia Van Norden Emery, Master of Bridge and Director
Culbertson National Studios

Instructor, Dancing
Doris Gibbons, Russian School of Ballet Dancing

Instructors, Arts and Crafts
Bertha M. White, Certificate
Boston School of Handicrafts
Jean P. Harris, Certificate
Pratt Institute

Instructors, Manual Arts
Alexander Koszalka
N. Grant Kelsey, Certificate
Pratt Institute

Instructor, Dietetics
Helen L. Ronan, Certificate
Pratt Institute

Instructor, Music Appreciation
Paul Vellucci, Director
Hartford School of Music

Instructor, Music, Organ and Piano
Venila B. Colson, B.A., M.A.

Instructor, Music, Vocal
Josephine S. Koch, Yale School of Music

Instructor, Cello
Katherine H. Howard, Diploma
Royal School of Music, Berlin

Instructors, Violin
Ruth A. Ray, Hartford School of Music
Emma S. Miller

Instructor, Braille
Ethel M. Law, B.Ed.

Instructor, Lip Reading
Eveline Dunbar, Certificate
Clark School
Training Class for Teachers

Instructors, Beauty Culture
Dorothy L. Allen, Certificate
Schulz Training School
Helen K. Stevens, Harper Method Training

Personal Shopper
Virginia Bragan

Assistant Shopper
M. Emilienne Dufresne

Chief Physiotherapist
Charles C. Canivan, R.N., P.T.

Physiotherapists
Ruth E. Manion, R.N., P.T.
William E. Groff, R.N.
Virginia M. Smith, R.N.

Orchestras
Institute's Chamber Music Orchestra
White's Cavaliers
Jones' Music Masters

THE NEURO-PSYCHIATRIC INSTITUTE OF THE HARTFORD RETREAT

200 Retreat Avenue — Hartford, Connecticut

Private endowed, non-profit institution
Founded in 1822

MICHIGAN'S DEPARTMENT OF HEALTH

HENRY A. MOYER, M.D., Commissioner, Lansing, Michigan

MALARIA IN MICHIGAN

Malaria may return to Michigan as an endemic disease of some importance as a result of increased migration between Michigan and southern states. In pioneer days, malaria was common in the state. The malaria area of the country is gradually extending northward and native malaria has been found in some sections in Michigan, but now there is a possibility of a marked increase in infection due to the national defense and Army training programs. No increase in reported cases has occurred, however. Industrial jobs are apparently attracting southern families, and the Army is sending drafted men from Michigan into southern camps and bringing into the state men from southern malarial regions.

In view of this new situation the Department suggests to physicians an increasing likelihood of their finding malaria, especially in migrant families from the South or in persons returned from the South. Last year, 60 cases of malaria were reported in Michigan, and in the last five years, 379 cases. The supposition has been that in recent years all malaria cases in Michigan have been imported, but epidemiological studies have shown that in some instances where southern families have lived in the state malaria has been spread locally.

The Anopheles quadrimaculatus mosquito which carries malaria infection is present in certain areas of Michigan. It is a common, night-biting mosquito which lives either about homes or in woods. In all cases of malaria, in addition to treatment for the patient, the home should be screened to keep infection from mosquitoes.

SIXTY-FIVE COUNTY HEALTH UNITS

In the first six months of 1941, three new full-time health departments were established in Michigan. The Shiawasse county department was established January 1, and departments were established July 1 in Washtenaw and Kalamazoo counties. Only 18 counties are now without full-time health department services.

The Kalamazoo unit is Michigan's first county-city health department. The director is Dr. I. W. Brown, who headed the Kalamazoo city health department and who has just returned from a year's study in public health at Johns Hopkins.

In several instances in the state, full-time city and county health departments are operating independently, but the Kalamazoo unit will be the only one to have a single director and to provide services equally to city and county residents.

Washtenaw's new unit is headed by Dr. Otto Engelke, who has been associated with the W. K. Kellogg Foundation in Calhoun county for more than a year. The appointment became effective July 16.

Oakland county's health department, established December 1, 1926, was the first full-time county unit in the state. That was a short time before the 1927 legislative act providing for county departments and two years before the amendment of 1929 which gave state financial aid to county and district health departments. Financial support has been given to county health units by the W. K. Kellogg Foundation (starting in 1931) and by the Children's Fund of Michigan (starting in 1929). The number of counties with their own or with district health services totaled 21 by 1935, and 62 by the end of 1940. The number is now 65.

SMALLPOX CASES INCREASE

More smallpox was reported in Michigan in six months this year than in the whole of last year. For 1940, the year's total was 76 reported cases. From January through June of 1941, 90 cases were reported.

———MSMS———

POLIOMYELITIS LOW IN JULY

Infantile paralysis cases reported in July to the Michigan Department of Health totaled 24 compared with 28 in July of 1940. Last year, the record epidemic came on very swiftly in August when more than 300 cases were reported and went to a peak in September when more than 500 cases were reported.

———MSMS———

SYPHILIS TESTS REACH NEW HIGH

Blood tests for syphilis in public and private laboratories in Michigan are now running more than 3,000 a day. The number of blood tests and other laboratory examinations for syphilis (darkfields and spinal fluids) went beyond 100,000 for the first time in May, when the total was 100,197.

Of this total, 44,534 tests were done by the four Michigan Department of Health laboratories, 21,336 by city health department laboratories aided financially by the state, and 34,327 by private, registered laboratories.

Never before has there been in the state such general and effective use of the blood test to discover syphilis infection. There are several reasons. Every man called for physical examination by Selective Service is given a blood test, every couple applying for a marriage license must have blood tests, and so must all prospective mothers. In addition, it is becoming policy in hospitals to give a blood test to every patient, physicians are using them increasingly, and factories are beginning to ask for blood tests on new workers.

Wartime conditions have greatly influenced the control methods used against venereal disease. Reporting of cases to health departments was required by law after the draft of 1917 had shown a surprising amount of infection, and more than 20 years later another Selective Service law is putting new emphasis on blood tests, whether or not there is any suspicion of infection.

Three things are necessary in the control of syphilis, and in all three Michigan is a leader among the states. Reporting of cases and blood testing are two of the essentials in control. The third is treatment. The state health laboratories do the tests without charge for physicians, and the State Health Department supplies free drugs to physicians for treatment of syphilis patients. Much progress is being made in bringing infected persons under treatment. For example, names of men rejected for the Army because of syphilis are being reported to health department so that treatment can be arranged.

Michigan's infection rates are low as shown by tests required of brides and grooms, of prospective mothers, and of men called by Selective Service. Among drafted men, the syphilis rate is less than two per cent. Among applicants for marriage licenses, it is about one per cent. Among prospective mothers, it is well under one per cent.

———MSMS———

The progressive Doctors of Medicine in Michigan will be present at the Annual Meeting of the Michigan State Medical Society, September 17, 18, and 19 in Grand Rapids.

✶ COUNTY AND PERSONAL ACTIVITIES ✶

Henry R. Carstens, M.D., president-elect of the Michigan State Medical Society, brought the greetings of the Michigan Medical Profession to the Michigan Pharmaceutical Association at its annual convention in Detroit, August 19.

* * *

Richard Burke, M.D., of Palmer, and *Wm. H. Alexander, M.D.,* of Iron Mountain, were chosen as President and President-elect, respectively, of the Upper Peninsula Medical Society at its July meeting in Ironwood. The 1942 meeting will be held in Marquette.

* * *

The Fourth Annual Forum on Allergy will be held in Detroit, January 10-11, 1942. For program and details, write Jonathan Forman, M.D., 1005 Hartman Theatre Bldg., Columbus, Ohio.

* * *

Frank L. Rector, M.D., Chicago, has been appointed as Field Representative in Cancer by the Cancer Control Committee of the Michigan State Medical Society, effective September 15. Dr. Rector will be under the joint sponsorship of the State Medical Society and of the Michigan Department of Health. Dr. Rector comes to Michigan well qualified by a wealth of experience and training, having served for many years as Field Representative for the American Society for the Control of Cancer. His work of informing the Michigan medical profession and educating the laity concerning cancer control should be filled with success.

* * *

"Industrial Health Marches on: Chairman's Address" by C. D. Selby, M.D., appeared in the *Journal of the American Medical Association,* issue of July 19, 1941.

F. P. Currier, M.D., Charles H. Frantz, M.D., and Ray Vander Meer, M.D., all of Grand Rapids, are authors of an article entitled "Reduction of Growth Rate in Gigantism Treated with Testosterone Propionate" which appeared in *The Journal, AMA,* issue of August 16, 1941.

* * *

Polio Consultation Service.—The Michigan Crippled Children Commission will again establish consultation service to doctors of medicine who desire same for cases or suspected cases of poliomyelitis where the family is financially unable to provide for this service. The

ALL MEMBERS WELCOME AT DELEGATES' MEETINGS

Members of the Michigan State Medical Society are cordially invited to attend the special meeting of Delegates, Monday evening, September 15, 8:00 p.m., and the all-day session of Tuesday, September 16, beginning at 9:00 a.m.

The business of the Society is transacted by the House of Delegates. This body makes important decisions on matters affecting the daily practice of every doctor whose interest will be best indicated by his presence at Delegates' meetings.

Remember, You Are Welcome and Urged to Attend

doctor should contact the Secretary of his County Medical Society and request a consultant, indicating the consultant of his choice in that area. The Secretary will telegraph the Commission which in turn will notify the consultant authorizing consultation with the family physician.

If polio becomes prevalent in your community, inform the Commission immediately.

* * *

Advise the editor of your newspaper that you will be in Grand Rapids for the 76th Annual Meeting of the Michigan State Medical Society, September 17, 18, 19, 1941.

Bring your M.S.M.S. Membership Card, to facilitate registration.

The scientific and technical exhibit of 110 spaces is an educational opportunity of unusual interest and scope.

Remember the dates, September 17, 18, 19, 1941, Civic Auditorium, Pantlind Hotel, Grand Rapids.

* * *

The Wayne County Medical Society's courses in Anatomy, to be given at Wayne University College of Medicine, are as follows:

Section I—Back, Thorax and Abdomen—Sept. 10 to Nov. 26, 1941

Section II—Pelvis—Dec. 3 to Dec. 31, 1941

Section III—Extremities—Jan. 7 to Mar. 11, 1942

Section IV—Head and Neck—March 18 to June 3, 1942

* * *

The Second American Congress on Obstetrics and Gynecology will be held in St. Louis, Missouri, on April 6-10, 1942. Plans are progressing rapidly for the program. E. D. Plass, M.D., is Chairman of the Program Committee and Wm. F. Mengert, M.D., is Secretary. Chairmen of the subcommittees are as follows: Ralph A. Reis, M.D., Medical Section; Miss Georgia Hukill, Nursing Section; R. C. Buerki, M.D., Hospital Section; Edwin C. Daily, M.D., Public Health Section; and Clair E. Folsome, Educators Section.

The Scientific and Educational Exhibits Committee is headed by H. C. Hesseltine, M.D., with Charles Galloway, M.D., as Secretary.

* * *

Abraham Leenhouts, M.D., of Holland was honored by his brothers and sisters and close life-long friends on the completion of fifty years in the active practice of medicine and his 75th birthday, August 4. Doctor Leenhouts graduated from the University of Michigan Medical School and began practice in South Holland, Illinois. After three years he moved to Chicago where he practiced and took postgraduate work in eye, ear, nose and throat at Chicago University. In 1901 he came to Holland where he has practiced since. Last June Doctor Leenhouts was inducted into the Emeritus Club at the University of Michigan, an honorary society for graduates of fifty years.

* * *

John A. Alexander, M.D., Ann Arbor, professor of surgery, University of Michigan Medical School, and surgeon in charge of the division of thoracic surgery at University Hospital, was awarded the Trudeau Medal of the National Tuberculosis Association. Doctor Alexander graduated at the University of Pennsylvania School of Medicine in 1916. He was president of the American Association for Thoracic Surgery in 1935 and of the Michigan Tuberculosis Association, 1938-39. He is author of "The Surgery of Pulmonary Tuberculosis" published in 1925 and of "The Collapse Therapy of Pulmonary Tuberculosis," 1937. He was awarded the Samuel D. Gross prize of the Philadelphia Academy of Surgery in 1925 and in 1930 the Henry Russell award of the University of Michigan was made to him.

Council and Committee Meetings

1. Thursday, August 7, 1941—Executive Committee of The Council, Ann Arbor—4:00 p.m.
2. Friday, August 8, 1941—Maternal Health Committee Hotel Statler, Detroit—11 a.m.
3. Monday, September 8, 1941—Discussion Conference Leaders—Wardell Hotel, Detroit—6 p.m.
4. Sunday, September 14, 1941—Syphilis Control Committee—Pantlind Hotel, Grand Rapids—4 p.m.
5. Monday, September 15, 1941—The Council—Service Club Lounge, Pantlind Hotel, Grand Rapids—3:00 p.m.

NOTICE

The Michigan Crippled Children Commission is continuing the policy of restricting the removal of tonsils, and is confining approvals to cases complicating the following conditions:

Cervical T.B. adenitis
Chorea
Endocarditis
Mastoiditis
Otitis media (chronic)
Rheumatic fever

Also included in the restricted program are:

Hernia (except strangulated)
Circumcision
Adenoidectomy
Orchidopexy
Glasses

The approval of glasses is limited to post-operative eye afflictions such as strabismus and cataract.

Attention, physicians who treat men who have been injured while working for contractors on government work. The following bulletin was sent on July 24, 1941, to all contractors by the Office of Construction Quartermaster of the War Department:

"Effective this date you are instructed to direct all contractors and/or their insurance carriers, and through either or both of them, all civilian physicians to whom any of the contractors' employes may be sent for treatment on injuries sustained while at work, that tetanus antitoxin will not be administered to any such injured employe without first making the usual skin test to determine the patient's reaction to the serum. In the event that a positive reaction develops and antitoxin is still necessary, the patient shall be removed to a hospital for treatment indicated in the circumstances."

* * *

All physicians will receive in September an information card from the headquarters office of the American Medical Association asking for certain data for use in compiling the Seventeenth Edition of the American Medical Directory.

Physicians are urged to fill out these cards promptly and return them to the AMA in Chicago in order that the 1942 edition of the AMA Directory may be as accurate as possible. The Directory is one of the most important contributions of the American Medical Association to the work of the medical profession in the United States. It has been especially valuable in the medical preparedness program. Physicians are urged to state whether or not they are on extended active duty for the medical reserve corps of the United States Army and Navy. Cards should be filled out and returned promptly whether or not a change has occurred. Physicians who do not receive a card before October first should write at once to the AMA, 535 North Dearborn Street, Chicago, and request a duplicate.

The Michigan State Pharmaceutical Association is one of five associations which are sponsoring a series of institutional broadcasts over radio station WLW, Cincinnati. From September 15 to 28, inclusive, the following announcement which is of interest to all physicians will be made:

"The druggists of Ohio, Kentucky, Indiana, West Virginia, Michigan and other states invite you to always shop in their stores for the needs of your family.

"Harsh winter will be here shortly and your friendly druggist suggests that your family have a physical check-up by your physician to make sure that they are prepared for its rigors! Your druggist—always the dependable ally of your physician—will be glad to supply the vitamins or other strength-building items prescribed by the latter to assist in having a sickness-free winter.

"So—consult your physician soon—this foresight will add so much to your enjoyment of the good times throughout the holidays and later. Enjoy winter by keeping well and fit!"

* * *

ASSOCIATE FELLOWS IN POSTGRADUATE EDUCATION

The following doctors of medicine are eligible for certificates of Associate Fellowship in Postgraduate Education, Michigan State Medical Society, 1941.

The State Society congratulates these physicians on their successful completion of the formal four years' continuation work arranged by the M.S.M.S. Committee on Postgraduate Medical Education. The certificates of award will be mailed to Fellows shortly after the State Society Convention in Grand Rapids.

Kent A. Alcorn, M.D., Bay City; William K. Anderson, M.D., Saginaw; John N. Asline, M.D., Essexville.

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Elwin B. Johnson, M.D., Allegan; Harrison H. Johnson, M.D., Allegan.

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Lee E. Westcott, M.D., Kalamazoo; George B. Wickstrom, M.D., Munsing.

Alois L. Ziliak, M.D., Bay City.

The Academy of Ophthalmology and Otolaryngology will hold its 46th annual meeting at the Palmer House, Chicago, October 19-23, 1941. Frank R. Spencer, M.D., Boulder, Colo., is president of the Academy. A feature of the meeting this year will be a symposium on vertigo with Francis H. Adler, M.D., Philadelphia, representing ophthalmology; Wm. J. McNally, M.D., Montreal, representing otolaryngology; and Bernard Alpers, M.D., Philadelphia, representing neurology. Among the papers to be presented during the week will be the following: "Surgical Treatment of Vascular Diseases of the Orbit" by Alfred W. Adson, M.D., Rochester, Minn.; "Allergy and Ophthalmology" by Albert N. LeMoine, M.D., Kansas City; "Operative Results in 200 Cases of Convergent Strabismus" by John H. Dunnington, M.D., and Maynard Wheeler, M.D., New York; "Otolaryngological Problems and the Weather" by W. F. Petersen, M.D., Chicago; "The Problem of Preventing Partial or Total Loss of Vision in Glaucoma Patients of Eye Clinics" by Mark J. Schoenberg, M.D., New York; "Practical Uses of Chemotherapy in Ear, Nose and Throat Work" by Charles T. Porter, M.D., Boston; "Treatment of Sinus Diseases in Children" by Alfred J. Cone, M.D., St. Louis; "The Use of Urea in Certain Diseases of the Ears, Nose and Throat" by Rea E. Ashley, M.D., San Francisco; and "What Otologists Can Do For Defective Hearing" by Frederick T. Hill, M.D., of Waterville, Maine.

Perry Goldsmith, M.D., professor of otolaryngology in the University of Toronto, Faculty of Medicine, will be the academy's guest of honor this year.

Officers of the academy in addition to Doctor Spencer are Ralph Irving Lloyd, M.D., Brooklyn, President-elect; Everett L. Goar, M.D., Houston, Texas; James Milton Robb, M.D., Detroit, and Ralph O. Rychener, M.D., Memphis, vice presidents; and Secord H. Large, M.D., Cleveland, comptroller, Wm. P. Wherry, M.D., Omaha, is executive secretary-treasurer.

INTERNATIONAL ASSEMBLY

This year's International Assembly of the Inter-State Postgraduate Medical Association of North America will be held in the public auditorium, Minneapolis, Minnesota, October 13, 14, 15, 16 and 17.

The high standing of the medical profession of Minneapolis, combined with the unusual clinical facilities of its great hospitals and excellent hotel accommodations, make this city an ideal place in which to hold the Assembly.

The officers of the Inter-State Postgraduate Medical Association, those of the Hennepin County Medical Society and the Minnesota State Medical Association, extend a very cordial invitation to all members of the profession in good standing to attend the Assembly.

A full program of scientific and clinical sessions will take place each day and evening of the Assembly, starting at 8:00 o'clock in the morning.

In coöperation with the Hennepin County Medical Society, the Minnesota State Medical Association and the Minneapolis Civic and Commerce Association, a most excellent opportunity for an intensive week of postgraduate medical instruction is offered by approximately eighty-five distinguished teachers and clinicians from different parts of the United States and Canada who are honoring the Assembly by contributing to the program. The speakers and subjects have been carefully selected by the program committee.

Pre-assembly and post-assembly clinics will be conducted, free of charge, in the Minneapolis hospitals on the Saturdays previous to, and following the Assembly, for visiting members of the profession.

Excellent scientific and commercial exhibits of great interest to the medical profession will be an important part of the Assembly. These exhibits will be open to members of the medical profession in good standing without paying the registration fee.

The registration fee for the scientific and clinical sessions will be $5.00.

Members of the profession who can possibly arrange to attend the Assembly cannot afford to miss it.

With a great deal of pride and satisfaction, we call your attention to the list of distinguished teachers and clinicians who are to take part on the program and whose names appear on page 743 of this JOURNAL.

ROSCOE R. GRAHAM, President, Toronto, Canada.

GEORGE W. CRILE, Chairman, Program Committee, Cleveland, Ohio.

WILLIAM B. PECK, Managing-Director, Freeport, Ill.

In Memoriam

J. William Gustin of Bay City was born in 1876 and was graduated from the Detroit College of Medicine in 1903 and the University of London, Ontario. Dr. Gustin retired two years ago because of ill health. He died in Billings Hospital, Chicago, Illinois, on July 21, 1941.

* * *

Hermon Harvey Sanderson of Detroit was born in Sparta, Ontario, in 1869. He was graduated from Toronto University in 1892 and began practice with his father, Robert Lyon Sanderson, M.D., in Sparta, Ontario, where he remained one year, then moved to Windsor, where he practiced until 1912 and then moved to Detroit. He studied in London, England, and Vienna, preparing for his specialty of eye, ear, nose, and throat. He was chief of the Department of Ophthalmology at the Harper Hospital for many years. He was a member of the American College of Surgeons and an honorary member of the Detroit Ophthalmological Club. Doctor Sanderson died July 1, 1941.

* * *

G. Reginald Smith of Port Huron was born in Carsonville, Michigan, in 1881 and was graduated from the Detroit College of Medicine in 1903. During the World War, Doctor Smith served as assistant to Angus McLean, M.D., who established Harper Unit No. 7 in France. Doctor Smith was past president of the St. Clair County Medical Society. He died July 21, 1941, in Harper Hospital, Detroit.

* * *

Claude W. Walker of Iron Mountain was born near Scranton, Pa., in 1876, and was graduated from the University of Pennsylvania Medical School in 1901. He took advanced work in eye, ear, nose and throat at the New York Postgraduate College and at Johns Hopkins University. Later he practiced medicine at Schenectady, N. Y., Milwaukee and Green Bay, Wisconsin. Doctor Walker enlisted as a lieutenant in the U. S. Army Medical Corps in 1917. He served overseas and was promoted to the rank of major. Returning to the United States after the Armistice he received his honorable discharge in 1919. In 1920 Dr. Walker established an office in Iron Mountain where he practiced until the time of his tragic death. Dr. Walker together with Mrs. Walker was killed when his auto crashed on his return trip from the Upper Peninsula Medical Society Meeting on July 18.

THE DOCTOR'S LIBRARY

Acknowledgment of all books received will be made in this column and this will be deemed by us as a full compensation of those sending them. A selection will be made for review, as expedient.

A PRIMER FOR DIABETIC PATIENTS. An Outline of Treatment for Diabetes with Diet, Insulin and Protamine-Zinc Insulin Including Directions and Charts for the Use of Physicians in Planning Diet Prescriptions. By Russell M. Wilder, M.D., Ph.D., F.A.C.P; Professor and Chief of the Department of Medicine of the Mayo Foundation, University of Minnesota; Head of Section on Metabolism Therapy, Division of Medicine, the Mayo Clinic. Seventh edition, reset. Philadelphia and London: W. B. Saunders Company, 1941. Price: $1.75.

Russell M. Wilder, the Head of the Section on Metabolism Therapy at Mayo Clinic, has presented the seventh edition of this primer originally published in 1921. As he states, this new edition is "required to describe an improvement in the procedure of administering protamine-zinc insulin." His rather liberal diets and the use of both protamine-zinc and regular insulin in the one syringe have made the care of these patients more effective and simpler. The major part of the book consists of the directions furnished to the patient who visits the service of Doctor Wilder.

———MSMS———

INFANTILE PARALYSIS. Anterior Poliomyelitis. By Philip Lewin, M.D., F.A.C.S.; Associate Professor of Bone and Joint Surgery, Northwestern University Medical School; Professor of Orthopedic Surgery, Cook County Graduate School of Medicine; Attending Orthopedic Surgeon, Cook County and Michael Reese Hospitals; Consulting Orthopedic Surgeon, Municipal Contagious Disease Hospital, Chicago. Illustrated by Harold Laufman, M.D. Philadelphia and London: W. B. Saunders Company, 1941. Price: $6.00.

The author has written this book especially for the family physician who usually sees the patient first and who may be somewhat confused by the numerous reports and articles which have appeared on this subject. The major part of the book, of course, deals with the physical therapeutics and surgical procedures necessary to restore function to the paralytic patient. It is profusely illustrated and complete though compact.

———MSMS———

CLINICAL AND EXPERIMENTAL INVESTIGATIONS ON THE GENITAL FUNCTIONS AND THEIR HORMONAL REGULATION. By Bernard Zondek. Baltimore: The Williams & Wilkins Company, 1941. Price: $4.50.

This monograph presents a continuation of the previous research work done by Zondek which was published in German in 1931 and 1935 entitled, "The Hormones of the Ovary and the Anterior Pituitary Lobes." While like most reports of research work and clinical experimentation this book is not very readable, to the physician who is interested in sex hormones the material is markedly informative and for this group this book is recommended.

———MSMS———

COLLECTED PAPERS OF THE MAYO CLINIC AND THE MAYO FOUNDATION. Edited by Richard M. Hewitt, B.A., M.A., M.D.; Harry L. Day, Ph.B., M.D.; James R. Eckman, A.B.; A. B. Nevling, M.D.; John R. Miner, B.A., Sc.D.; and M. Katharine Smith, B.A. Volume XXXII—1940. Philadelphia and London: W. B. Saunders Company, 1941. Price: $11.50.

This is the 1940 edition in which the material, which is of particular interest to the general practitioner, the diagnostician and the general surgeon, is assembled from the writings of the staff of the Clinic and Foundation. Here are seventy-three complete reprints, ninety-one abridged papers and one hundred five abstracts. The general quality of the material cannot be questioned and it is voluminous. The section on military medicine is of particular current interest. This volume is recommended as an encyclopedic review of the literature of 1940. The typography is excellent and it is well illustrated.

(Continued on page 757)

START TODAY. Your Guide to Physical Fitness. By C. Ward Crampton, M.D., Major, Medical Reserve Corps, United States Army, Formerly Director of the Department of Physical Education and Hygiene, New York Board of Education; Organizer and Director Health Service Clinic and Assistant Professor of Medicine, Post Graduate Medical School and Hospital; etc. New York: A. S. Barnes and Company, 1941. Price: $1.75.

The author was formerly Director of the Department of Physical Education and Hygiene of the New York Board of Education. He begins with a discussion of what constitutes physical fitness and of what a medical examination should consist. In the body of this book he relates in an interesting manner the method and purpose of seven exercises which he feels would keep the average citizen from "going soft." The exercises are simple, easy, and well-planned. It would be difficult for any physician to read through this book and not feel urged to adopt this system of exercise for his own. This book is recommended for the physician's private and professional use.

———MSMS———

INFANTILE PARALYSIS. A Symposium Delivered at Vanderbilt University, April, 1941. New York: The National Foundation for Infantile Paralysis, Inc., 1941.

The six lectures delivered at Vanderbilt University in April, 1941 under the auspices of the National Foundation for Infantile Paralysis are presented for the edification of all interested in this disease. The "History of Poliomyelitis" which was delivered by Paul Clark of Wisconsin is most interesting and instructive. Frank R. Ober's lecture on the "Treatment and Rehabilitation of the Poliomyelitis Patient" is practical and should be of distinct help to the practitioner who has in his hands the care of these patients. The material is briefly put and practical.

———MSMS———

X-RAY THERAPY OF CHRONIC ARTHRITIS (Including the X-ray Diagnosis of the Disease). Preliminary report based on 100 patients treated at Quincy, Illinois. By Karl Goldhamer, M.D.; Associate Roentgenologist, St. Mary's Hospital and Quincy X-ray and Radium Laboratories; Formerly Roentgenologist, University of Vienna; Honorary Member, Mississippi Valley Medical Society; etc. With a Foreword by Harold Swanberg, B.S., M.D., F.A.C.P.; Editor, *Mississippi Valley Medical Journal* and the *Radiologic Review;* Roentgenologist, St. Mary's Hospital and Blessing Hospital; Director, Quincy X-ray and Radium Laboratories; Past President, Illinois Radiological Society, etc. With 24 original illustrations by the author, two roentgenograms, and four tables. Quincy, Ill.: Radiologic Review Publishing Company, 1941. Price: $2.00.

Goldhamer, Chief of the Roentgen Laboratory of the First Anatomical Institute of the University of Vienna, became enthusiastic about the possibilities of x-ray therapy of chronic arthritis. He calls attention to the fact that there are probably seven million sufferers from arthritis in the United States and the excellent results which he has obtained by roentgen therapy, in a series of one hundred, led him to suggest to the practitioner the advisability of giving the arthritis patient the benefit of this treatment. Over half of the patients who had hypertrophic arthritis were markedly improved or symptom-free after treatment and the same was true of hypertrophic spondylitis. Atrophic arthritis and atrophic spondylitis showed about the same results. The results of all cases showed almost sixty per cent markedly improved or free from symptoms. The technic and course of treatment is described in this monograph.

———MSMS———

PLAY FOR CONVALESCENT CHILDREN. In Hospitals and at Home. By Anne Marie Smith, Staff Instructor, Leaders' Training School, Community Recreation Service, Chicago, Illinois. New York: A. S. Barnes & Company, 1941. Price: $1.60.

In the present day program of highly organized recreation this book should play a definite part. The activities outlined in this volume would undoubtedly serve the purpose of making more pleasant the child's stay in the hospital.

CLASSIFIED ADVERTISING

TEN-BED, BRICK VENEER HOSPITAL and good general practice to sell. Excellent prospect for a doctor with moderate capital who likes small town life and out door activities. Full information can be obtained by writing to the Executive Office, Michigan State Medical Society, 2020 Olds Tower, Lansing, Michigan—Box 19.

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—MSMS—

NEWS NOTE

Louis J. Gariepy, M.D., Detroit, was honored at an Indian Fete held at Harbor Springs July 27 by the Ottawa Indians. Doctor Gariepy was given the Indian name of "Say-ge-mah" which means "Man of Medicine" in appreciation of his assistance to the Holy Childhood School for Indian children at Harbor Springs.

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Recent studies[1] show that in groups of both children and aged the addition of COCOMALT to the diet in regular amounts resulted in substantial weight gains and improved blood picture. Further mentions are made by medical commentators[2] with inclusion of COCOMALT in successful diet lists for thin patients.

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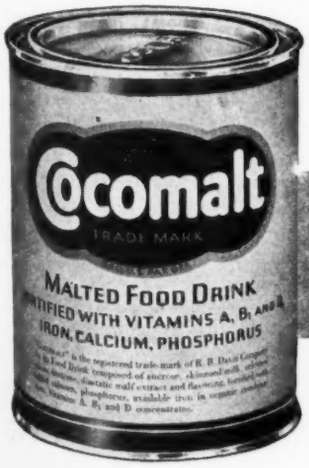

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[1] Arch. of Ped.—56:Nov. 1939
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[2] Medical Rec.—150:1:1939:
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*Deceased May 14, 1941

MICHIGAN MEDICAL SERVICE

A report of seventeen months of operation of Michigan Medical Service was presented at the Second Annual Meeting of the members of Michigan Medical Service in Grand Rapids on September 17. This report contained many items of real interest to doctors who have made possible the inauguration of the professionally controlled nonprofit medical service program.

Enrollment.—The total enrollment as of August 31 was 193,176 persons, which represents the coöperation of 501 groups. The steady increase in enrollment is an indication of the favorable reception given by the public to the doctors' own medical service program.

Services to Subscribers.—During the seventeen months, services were provided for 28,815 patients, representing an amount of over $650,000 of medical expenses met through the prepayment program rather than by the individual patients.

A tremendous amount of valuable data relative to incidence of illness, frequency of medical and surgical procedures, and costs of medical care has been accumulated. These data, based on more than 130,000 years of exposure (time during which subscribers were entitled to services) is far greater than the information on which the reports of the Committee on the Costs of Medical Care (costing in excess of $1,000,000) were based!

Payment to Doctors.—For thirteen consecutive months, the full Schedule of Benefits was paid for all services rendered. A combination of an increased volume of services and late reporting on the part of the doctors made it necessary, beginning in April, to pay on a prorated basis of 80 per cent of the previous level of payments, pending a determination of the total cost of services for the particular month compared with the income from subscribers. The payment of the amount reduced will be dependent on funds available for the particular month, after determination of the cost of services can be made (when all late reports are received) and on those surpluses which may be accumulated during later months.

MICHIGAN MEDICAL SERVICE REGISTRATION
(As of September 10, 1941)

100 Per Cent

Manistee
Mason
Mecosta-Osceola-Lake
Menominee

90 to 99 Per Cent

Bay-Arenac-Iosco
Calhoun
Gogebic
Grand Traverse-Leelanau-Benzie
Marquette-Alger
Oceana
St. Joseph

80 to 89 Per Cent

Allegan
Barry
Branch
Chippewa-Mackinac
Delta-Schoolcraft
Dickinson-Iron
Eaton
Gratiot-Isabella-Clare
Hillsdale
Houghton-Baraga-Keweenaw
Huron
Ingham
Ionia-Montcalm
Kalamazoo
Kent
Lapeer
Lenawee
Livingston
Midland
Muskegon
Newaygo
Northern Michigan
Ontonagon
Ottawa
Saginaw
Tuscola
Wexford-Missaukee

75 to 79 Per Cent

Jackson
Macomb
Monroe
North Central Counties
Oakland
Wayne

There is an erroneous impression that the medical service program will mean a financial loss to the doctor when comparison is made of the benefits paid in one particular case with the probable charge that might have been made. What has been overlooked is the important fact that the benefit paid under the medical service program for a series of cases means total re-

muneration equivalent to or greater than that previously received. This is particularly true when it is considered that there will be no unremunerated services either because of bad collections or the patient's lack of funds. While the monetary advantages can be shown, of foremost importance is the real professional contribution of assisting subscribers to obtain services for medical conditions that have been of long standing.

Financial Experience.—The financial records of Michigan Medical Service must necessarily be tentative until proper accounting can be made for outstanding, incomplete, and unreported services. A liberal allowance of $161,202.27 has been made as a measure of the probable cost of such services. Whether this fund will be exhausted when all services are reported is problematic. Considerable improvement of the financial situation is expected on the basis of a decrease in service costs because of (1) a seasoning of the groups enrolled, since an analysis of groups shows that during the first five months there is an excess of service costs over income, but that after a period of twelve months' enrollment the income is more than sufficient to provide for the costs of services; (2) the more favorable period of the year, since it is well established that the period from September to January shows less surgical care than the balance of the year; (3) decrease in the percentage of administration expenses because of the large volume of enrollment. The relatively low administration expense of 20 per cent has been *reduced to between 12 and 13 per cent* during the months of June and July because of the large enrollment.

Registration of Doctors.—It is particularly noteworthy that the number of doctors registered with Michigan Medical Service has increased month by month. Likewise, but few doctors have resigned because of misunderstanding. A total of 3,559 doctors were registered as of August 31; 75 applications received were withdrawn for the following reasons: Death, 38; moved out of the state, 9; pending county medical society action, 7; amount of fees, 11; arrangements for specialists' fees, 4; and pro ration, 6. The present number of doctors participating is at least 80 per cent of the total possible number of practicing physicians.

Organization.—The prime consideration of the administrative organization of Michigan Medical Service has been economy in order that the fund collected from subscribers might be utilized fully for medical and surgical services. Michigan Medical Service has reported their lowest administrative cost for any comparable program. The accomplishment of this economy has been possible through the loyalty and extra long hours of work on the part of the office employes whose salaries are minimal. Likewise, the unselfish services of the members of the several committees have been a large factor in keeping administrative costs down. To some extent the necessity for economy has hampered efficiency, but the office procedures are now well organized, with many functions transferred to International Business Machines, which greatly facilitate the prompt handling of reports from doctors and the remitting of payments.

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✶ HALF A CENTURY AGO ✶

FOUR MONTHS' WORK IN LAPAROTOMY*

J. H. CARSTENS, M.D.
Detroit, Michigan

(You will understand, Mr. Chairman, why I made the emphatic remarks I did, when I say to you it was simply to take the sharp edge off, which will come after I read this paper. I have no doubt Dr. Green will give me particular Hail Columbia; but there were no cases that we operated upon for the purpose of making women sterile. I do not believe that there is a member of the regular medical profession who operates in any such cases.)

Understanding by laparotomy any operation requiring the opening of the peritoneal cavity, I thought that the report of a few cases might be interesting to this Section, especially as it includes different operations of this kind. The reports of the following cases I have made as brief as possible, perhaps too much so, but I desired to keep within the twenty-minute limit.

Case 1.—Mrs. K., aged thirty-three, sterile, sent to me by Dr. Root, of Monroe. She imagined, or rather hoped, she was pregnant, but Dr. Root had properly diagnosed a large multilocular cyst. January 8, I operated at her home in Monroe, assisted by Drs. Root, West, Valade, Gregory, and Baur. The fluid was very thick, some of the cyst wall very thin and ruptured, some adhesion to intestines; right ovary, also cystic, removed. Abdomen, flushed with sterilized water and closed. Recovery rapid, no rise of temperature above 100°.

Case 2.—Mrs. M.F.W., aged twenty-six, no children, but one miscarriage three years before; since ailing; has been treated by douches and applications to uterus, also wore pessary. Examination revealed an enlarged adherent ovary in cul-de-sac, right ovary also large, tubes distended, and everything in pelvis very painful; has had no connection for one year, on account of pain. She has also had a slight attack of peritonitis, so that I made the diagnosis of salpingitis, probably of gonorrheal origin. I sent her to Harper Hospital, and operated January 15. Both tubes contained about one-half ounce pus each, ovaries adherent to uterus, bladder, and rectum. All removed and abdomen flushed. A large glass draining tube down to cul-de-sac was left in lower angle of wound. Recovery quick, no rise of temperature. Glass tube removed on the second day, and rubber tube inserted for two days more. Two weeks after, wound perfectly closed, patient feeling splendid, and all pelvic pain gone. She was sent home on the 16th day.

Case 3.—Miss C., aged thirty-three, had been operated upon for salpingitis two years ago in Canada. During November was taken with a scaly skin disease and went to Harper Hospital under the care of Dr. Carrier. She had a sudden elevation of temperature, up to 109° the latter part of the month. This was repeated every few weeks, the temperature going up to 110° at times, and in a day or two would go down to about normal. About January 1 the temperature went up and stayed up from 106° to 110°, with severe abdominal pain and symptoms of peritonitis. The question of septicemia or central nervous lesion came up. Many physicians saw her, some inclined to exploratory laparotomy, others thought it would be of no avail. The patient was clamoring for a laparotomy, and after consultation, an exploratory laparotomy was made January 17. Absolutely nothing was found. The temperature dropped to normal, and the wound healed without a bad symptom. January 27, she was apparently well and going around the halls. February 4, temperature up to 109.9° for a short time. What was it? Hysteria? I give it up.

Case 4.—Mrs. Hess, aged thirty-nine, no children. Has been sick with high fever and constant vomiting for three days; complains only of pain in the abdomen. I suspected intestinal obstruction, but could not find any; accidentally my finger came below Poupart's ligament, and there I found it—femoral hernia. I sent her to Harper Hospital and operated February 4, in the usual manner, except that a radical operation was made by excision of the sac and uniting the pillars with silk. The wound was closed by the buried animal suture. Union perfect, and patient discharged on the fourteenth day. Today she seems perfectly cured of her hernia.

Case 5.—Mrs. P., aged thirty, mother of two children. For three months had metrorrhagia, at times quite profuse. Uterus four inches deep and degeneration apparently of mucous membrane. Under chloroform was thoroughly curetted and cauterized with carbolic acid. While under the influence of chloroform I found a firm tumor in right pelvis, about two and one-half inches in diameter; laparotomy decided upon after recovery from anemia and the other operation. February 6, at Harper Hospital, operated in the usual manner; right tube enlarged and ruptured, partly filled with blood and placental tissue: all removed, also left tube and both ovaries. A case of extra-uterine pregnancy, recovered rapidly, and was sent home on the thirteenth day quite well.

Case 6.—Mrs. R., aged forty, mother of five children, last, five months ago. Sick ever since, abdominal tumor, probably pyosalpinx and pelvic abscess. Operation at Harper Hospital February 7. Right tube contained pus; this and right ovary removed. Left side one solid mass encircling the rectum; diagnosis, sarcoma. This I left severely alone, put in a drainage, and closed the abdomen. Recovery rapid, and without a bad symptom. The sarcoma will probably end her life in a few months.

Case 7.—Mrs. F.B.W., aged twenty-one, married one and one-half years, no children, backache for years, worse after menstruation, which is regular, but profuse; leucorrhea. Examination revealed enlarged right ovary and tube in the cul-de-sac, probably a result of a severe fall five years ago. Operation at Har-

*Presented at the twenty-sixth annual meeting of the Michigan State Medical Society, Saginaw, June, 1891.

per Hospital February 10. Both tubes full of pus, and ovaries enlarged and adherent. All removed; some adhesion to intestines caused slight trouble; abdomen closed; recovery uninterrupted, except slight abscess along the course of one suture. Sent home on the sixteenth day.

Case 8.—Mrs. L. was sent to Harper Hospital from Pontiac, aged twenty-five, no children, but one miscarriage five months ago; since ailing; constant elevation of temperature to 99.5°. On examination I found a large fluctuating mass in the pelvis. Operated February 12. The right tube was full of pus and congenitally closed, giving it a club-shaped appearance, about five inches long and one inch at its thickest end; this and ovary removed. The left broad ligament and surrounding tissues were one large abscess, this was opened thoroughly; the abdomen flushed repeatedly; a drainage tube inserted, and the abdomen closed. Recovery rapid; tube allowed to remain for two weeks; patient sent home the fourth week perfectly recovered. A letter lately received states that she has gained 19 pounds. Never felt better in her life, a good result from an unpromising case.

Case 9.—Mrs. L., aged fifty-eight, two children, 30 years ago. Always quite well. Menopause two years ago. Never any uterine disease. About three months ago noticed an odorous discharge from vagina, sometimes streaked with blood. She had a slight laceration. The history was very suspicious, and I removed a small part of the raw surface for microscopic examination. Dr. Duffield pronounced it cancer. This is as early a case as I ever saw, and vaginal hysterectomy was clearly indicated. February 27, at Grace Hospital, the operation was performed in the usual manner, using the clamp forceps for the broad ligaments. She had less shock than I ever saw in such a case. Temperature never went above 100.2°. The clamps were removed in fifty-five hours. No bad symptoms except slight tympanitis ever developed. Today, nearly four months after the operation, she is perfectly well.

Case 10.—Mrs. H., aged twenty-eight, mother of two children, has been gradually getting more nervous. Subject to neuralgia, rheumatism, indigestion, constipation, headache, et cetera. A year ago I found a retroverted lacerated cervix; left ovary enlarged. As an experiment, sewed the cervix without much improvement, nor did pessaries, tampons, douches, help her. I tried this to satisfy her husband who was a physician. I then saw that only by removal of the diseased ovaries and the establishment of the menopouse could a radical change for the better be brought about. She readily consented. She was taken to the sanitarium. Operated March 9 in the usual manner. Lack of asepsis was the cause of a small superficial abscess, which, however, soon healed. She was discharged on the 16th day, already wonderfully improved. Today she is quite well; has not enjoyed such health for years.

Case 11.—Miss E., aged twenty-nine, for years suffered from profuse and painful menstruation every month; she was confined to bed for four to ten days. I found fungosities; thoroughly curetted, and cauterized mucous membrane of uterus. The next month she was better, but the second as bad as ever. After four such operations she and I became discouraged and she consented to removal of the ovaries. Operation at Harper Hospital March 31. Plain, simple case; recovery rapid. Sent home on the thirteenth day.

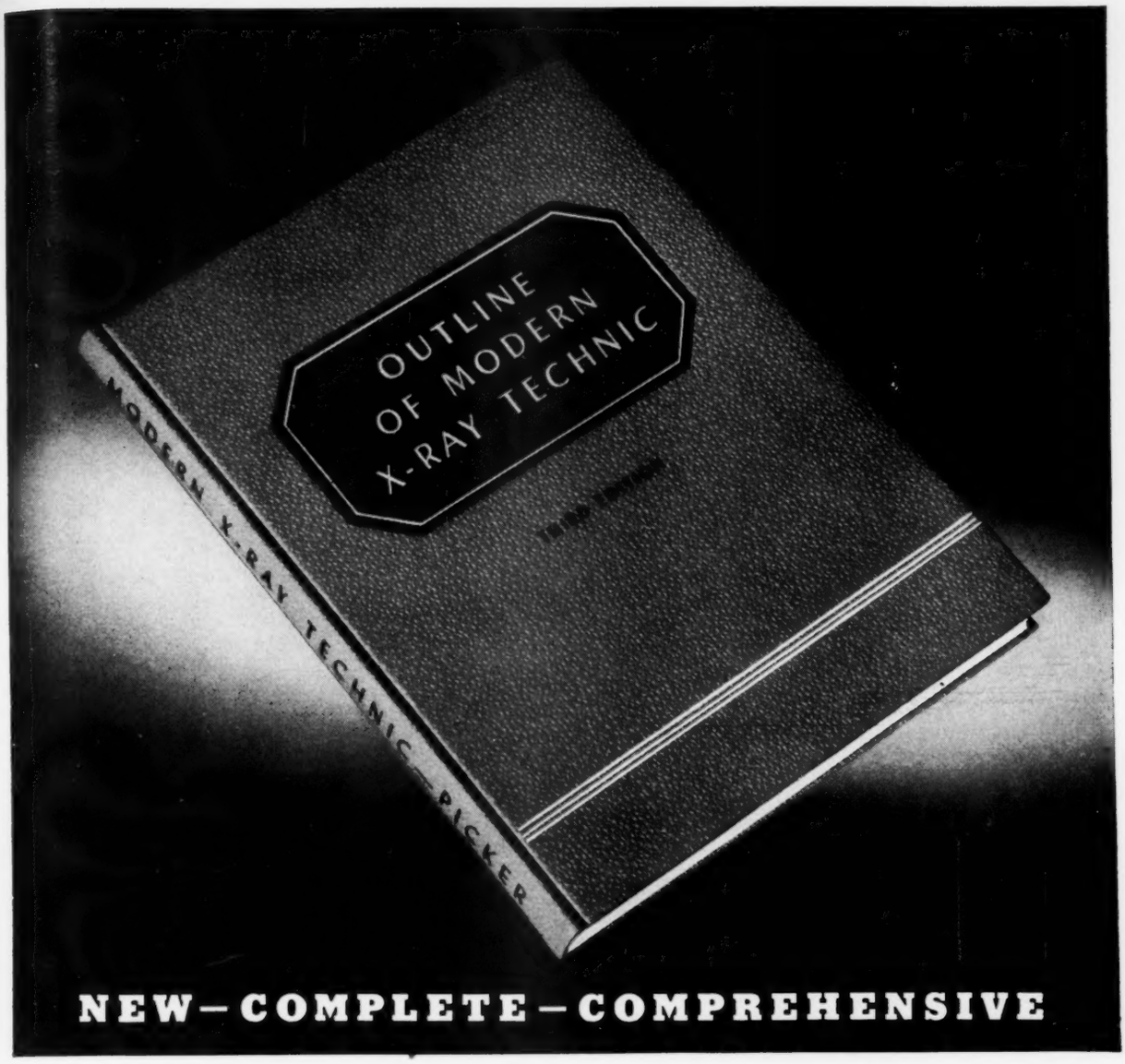
Case 12.—Mrs. V., aged thirty, mother of two children, youngest 7 years; one miscarriage. For five years has suffered from painful congestive dysmenorrhea and menorrhagia, dyspepsia, palpitation, painful coition, et cetera. On examination I found a displaced ovary; uterus retroflexed. As she was anxious to have more children, I tried a stem and retroflexion pessary for some time. Although the uterus was straight and nearly in its proper position, she did not become pregnant, and after a year's treatment she was worse than ever and I decided upon a laparotomy. She readily consented and entered Harper Hospital April 2. The operation was done in the usual manner. The left tube contained pus, ovary enlarged and cystic; both removed. The other ovary and tube could not be found, although I explored the pelvis well. Did she have only one tube and ovary? As the abdomen was clean, no tube was used, but it was closed in the usual manner. The shock was profound and vomiting constant, temperature ran up to 103° on the second day and then declined to about 99°. The pulse steadily increased to 120, then to 150, and rose until it could not be counted. The patient could retain nothing, and finally died of heart failure on the fifth day. Was this septic poisoning? I do not think so, as I removed this patient from the table immediately, and operated on the next case, which made a splendid recovery.

Case 13.—Mrs. A., aged thirty, menstruated first at fourteen, very painful; married at seventeen years; only child at twenty-four years of age, severe labor. Since, painful and profuse menstruation, so as to be obliged to stay in bed from one to ten days every month. Ovaries inflamed and cul-de-sac adherent. Operation April 2 at Harper Hospital. Recovery without a bad symptom; discharged on the thirteenth day.

Case 14.—Mrs. D., aged twenty-seven, mother of one child seven and one-half years old; since ailing, painful and profuse menstruation; right ovary enlarged, left tube filled with fluid. Has been treated for years with douches, applications, et cetera. I wanted to watch her for a few days—fatal delay—the left tube ruptured and so-called pelvic cellulitis developed. By prompt treatment the acute symptoms disappeared and she seemed so well that I thought a week or two of tonic treatment would prepare her for an operation. Procrastination was nearly the thief of a life; a second rupture occurred, which nearly ended her life. I lost no time and sent her to Harper Hospital. Operated April 9. Left tube filled with pus, left ovary contained an abscess in the center, which ruptured during its removal; right tube and ovary also diseased and removed. Abdomen flushed. Drainage tube three days. Recovery complete. Now rides a bicycle ten miles every day.

Case 15.—Mrs. W., aged forty-six, mother of children. Has suffered from uterine disease for years and been treated ad infinitum. Has been operated upon for piles. I was called to see her by the kindness of Dr. Jamieson. Found a large fluctuating mass in right iliac fossa, also hard nodular mass like glands in groin. Patient weak and with an irritable stomach. We decided on an exploratory laparotomy. I sent her to the sanitarium. Operation April 10, in the usual manner. Removed both tubes filled with pus. Also found large nodular mass in pelvis, but did not try to remove it, only a small piece for microscopic examination. Flushed abdomen. I introduced drainage tube, patient vomited continually, and only partially rallied, the pulse increased in rapidity until death took place on the second day. The microscope revealed a spindle-celled sarcoma.

These operations were not made for a record, but every case was operated upon which seemed to offer hope, and every patient was given the benefit of an operation, if it was indicated. Some of the most hopeless cases recovered and now enjoy good health. I have reported every case operated upon during this time, and have not selected my cases. Since my return from



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Europe, September 1 to January 1, 1891, to wit: four months, I operated on nine cases with one death (sarcoma). Add these to the others, would be a total of 24 laparotomies in eight months, with three deaths, or a fraction over 12 per cent, two deaths being due to malignant disease and one due to heart failure (or sepsis).

Discussion

Dr. Carstens (closing): I think there is nothing more to be said about this matter. The history of my cases, every one of them, shows that this very plan of treatment advocated by Dr. Leonard has been pursued for years and years without any beneficial results; and I will lay that down as an absolute rule, that every other means at our disposal ought to be tried before we decide on a laparotomy. I lay down as another rule this, that healthy ovaries cannot cause any disease, not even reflex nervous symptoms; that you must only operate on diseased ovaries and diseased tubes. I know also that once in a while those cases Dr. Leonard speaks of get well; I know they do. I have seen cases, but I never know whether they do or not in bad cases, and his statistics there show that some of those women came near dying when they were fooling around with them. I say, give them the benefit of some other kind of treatment. The operation itself is not very dangerous.

As Dr. Nancrede says, you have to draw the line between these cases. I think some of these cases of Dr. Leonard's have got well, but I know some cases of Dr. Leonard's have passed into the hands of those who use the knife and have cured the patient by laparotomy. That is the way the question stands with me. I give them the benefit of every possible plan of treatment, and I don't remove any healthy ovaries, no matter what the disease or symptoms are, unless I am satisfied there is some real disease. I am not inoculated with that disease they have over in Germany, to operate for everything, and I operate only as a last resort. I think sometimees, as Dr. Nancrede says, we wait too long, until it is too late before we operate. We never hear anything about these cases of pus tubes in the abdomen which die, which are called enteritis, which are buried and are now six feet beneath the sod—we never hear anything about those cases, but when we pick up some poor laparotomy case, where the patient dies, we are generally jumped on for that.

The question of insanity, melancholia, and so on. Mr. President, I don't want to listen to. I can show you right here, within a stone's throw of this building, the first case of that kind ever operated upon here, twelve years ago. She had fits, she had everything, she was a physical wreck, and ever since her ovary has been removed she has been a happy wife and the mother of two children—step-children of course—and only a few weeks ago she called on me to thank me for what I had done. I can show you a half dozen other women, operated on five or six years ago, who were at that time physical and mental wrecks, and are now the very pictures of health. So you don't always have this followed by melancholia. We have women suffering from melancholia who have never had their ovaries removed. We don't insure the patient that she is not going to break her leg or become insane because we operate on her. It is not assumed, because of the removal of the ovary, that the woman's health is guaranteed in the future, that she shall never have any other disease, but that woman can get any other disease like anybody else. Once in a while they may pick out a case, here and there, where a woman has become insane from something else—the ovaries amount to nothing in that connection. What do the ovaries amount to when, after a certain period in a woman's life, they shrivel up? Where is that ovary then and the uterus? A mere little speck. Do these women become insane? Don't they enjoy life after the organs of reproduction are all destroyed except the vagina?

I admit we have got to draw the line regarding the cases to be operated upon. We are inclined to be enthusiastic, and one is the extreme that wants to operate, and the other is the extreme that doesn't want to operate. Simply because Dr. Leonard admits that he can't operate, he doesn't want any operations performed. I get real tired when a man comes along here who doesn't know how to operate, who can't operate, who isn't fit to operate, who has not the nerve or spunk to do it, and have him come up here and say these operations are not advisable. But a man that has the spunk and pluck, and who has operated for the length of time he says Dr. Keith has, who finally looks back and says in his conscience these things should not be done, does not have his conscience trouble him with the surgery of today. His conscience troubles him with the surgery of the past. He thinks he couldn't help it; he was not an aseptic surgeon at the time; he did all the business he could. But today we are practicing aseptic surgery with our various precautions, and it is an entirely different thing. I will admit that there are men who finally become old, who in the race of life are being run away with by younger men who are getting all their business; and that by and by they do not get any more business and they get sour and they think these things ough .ot to be done. You can quote all kinds of cases, all kinds of men, all kinds of experiences; but you want to learn this other side of the case still. There are some surgeons, like the one quoted from Cleveland, who have poor statistics. He may be a brilliant operator. I know of brilliant surgeons, of brilliant operators; but I wouldn't have them operate on me. I know they are dirty, I know they have never grasped the principles of aseptic surgery, and never can, and their results are bad.

Everybody loses a case once in a while. A man who is not an aseptic surgeon, who is not imbued with it, who has not got microbes on the brain—we see them everywhere—that man would not have very good success; and if that man comes along and gives me statistics I would take no stock in them whatever. I want to know the details of his work. I want to know how he operates and works before I will take any stock in his statistics.

So the point and the sum and substance of my impressions are as I have stated. Two of my deaths were from sarcoma, and one was probably from sepsis. In a case of sarcoma it is very doubtful whether we should operate. Another thing that I desire to speak of is, that we should have more courage when we have once opened an abdomen and find it inadvisable to go further, and shut it up again.

The point in my paper was simply this: that in these cases, whatever the disease of the pelvic organs may be, when every other means of treatment has been tried in these cases, as a last resort laparotomy should be performed; and that no healthy ovaries ought to be removed, either for symptoms of a reflex nature or anything similar.

COUNCIL AND COMMITTEE MEETINGS

1. Tuesday, September 16—Ethics Committee—Grand Rapids—12:30 p.m.
2. Tuesday, September 16—Publication Committee—Grand Rapids—6 p.m.
3. Wednesday, September 17—Industrial Health Committee—Grand Rapids—6 p.m.
4. Thursday, September 18—Cancer Committee—Grand Rapids—12:45 p.m.
5. Thursday, September 18—Second Session of The Council—Grand Rapids—12:30 p.m.
6. Thursday, September 25—Child Welfare Committee—Jackson—5 p.m.
7. Wednesday, October 15—Executive Committee of The Council—Detroit—4 p.m.

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For the treatment of

CONSTIPATION

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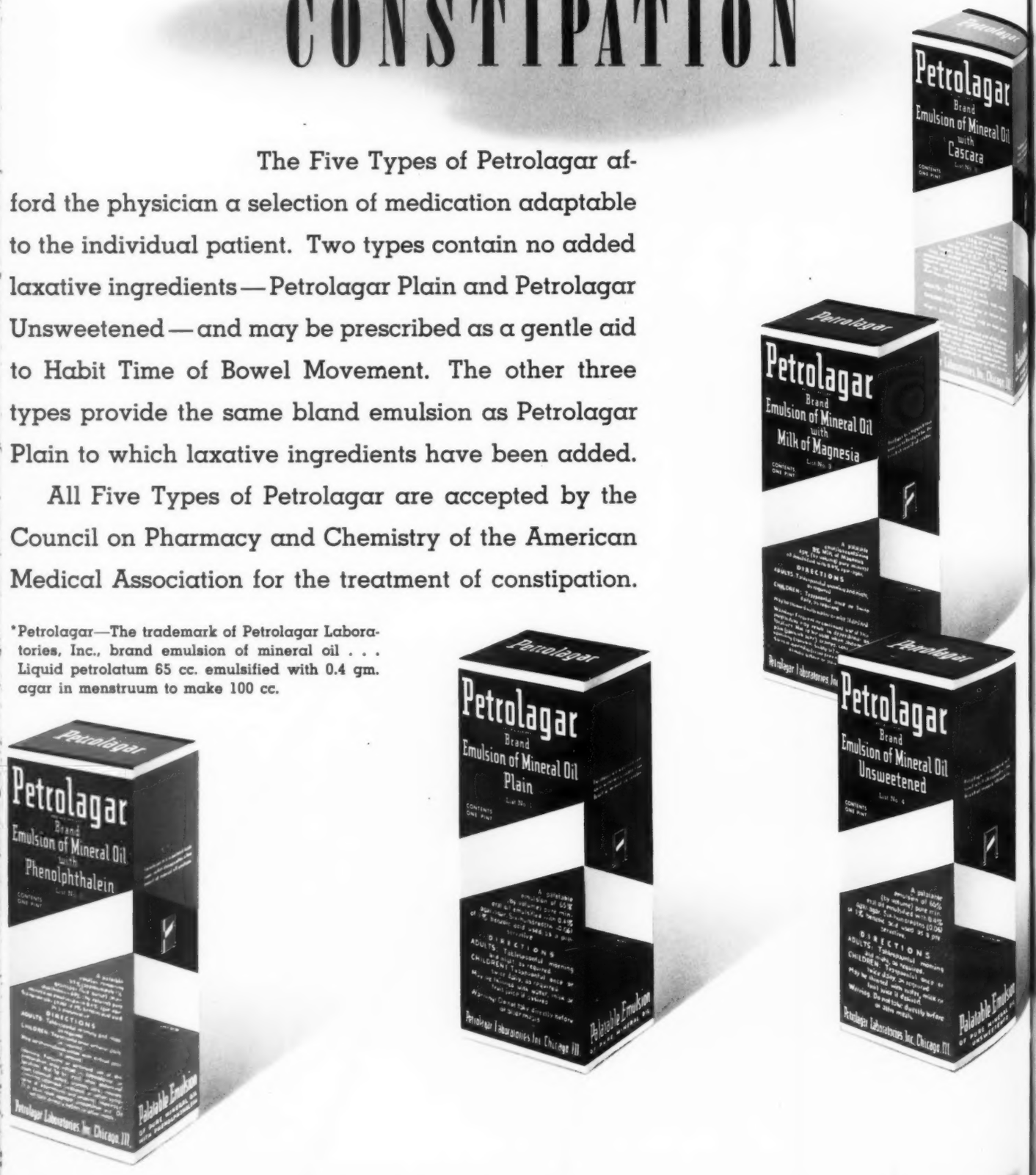
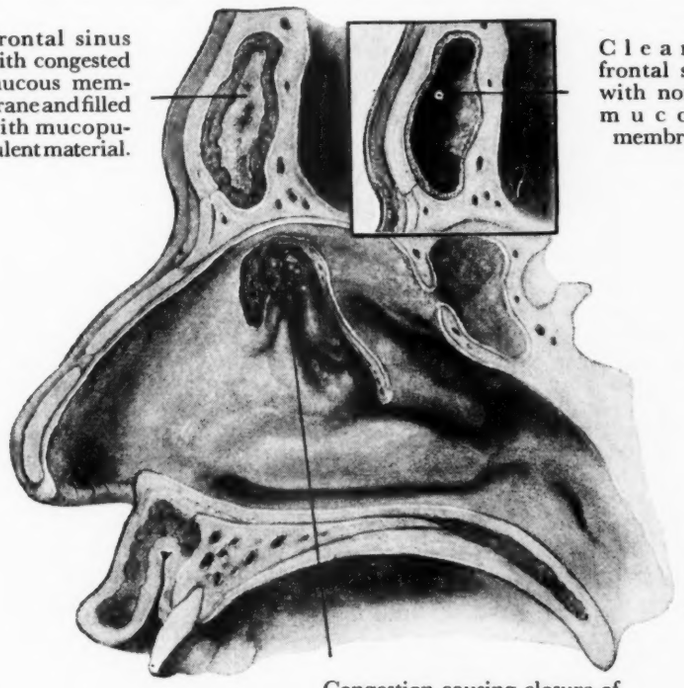


PATHOLOGY OF THE UPPER RESPIRATORY TRACT



CATARRHAL INFLAMMATION OF THE FRONTAL SINUS

The above illustration demonstrates the route of infection to the frontal sinuses—demonstrates, too, the need for adequate drainage of the area. To shrink congested nasal mucous membranes quickly—to establish adequate drainage with more prolonged effect than ephedrine, may we recommend

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DOSAGE FORMS:

SOLUTION—¼% in saline solution (½ oz. and 1 oz. bottles)
1% in saline solution (½ oz. and 1 oz. bottles)
¼% in Ringer's Solution with Aromatics (½ oz. and 1 oz. bottles)

EMULSION—¼% low surface tension (½ oz. and 1 oz. bottles)

JELLY —½% in collapsible tube with applicator

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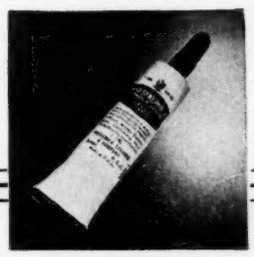
SOLUTION


EMULSION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NEW CONDITIONS DEMAND NEW TECHNIQUES

By Morris Fishbein, M.D.*

When Mr. Pratt spoke to you about the accomplishment of the National Physicians' Committee, I know that he did not want you to believe offhand that this great campaign of *Life* magazine and all of these advertisements in the newspapers and all that has gone on in the gradually changing sentiment of the American mind regarding so-called socialized or state medicine is the immediate and direct result of the activities of this one organization. **He would not want you to believe that, and you as scientific men could not possibly believe that.**

However, he did want to show you something that was scientific; that was that modern living and modern social trends demand new types of machinery to accomplish results. Just as the coming of new types of microscope, of the electron microscope, new types of physical therapy, new types of chemotherapy, and other new discoveries in medicine make possible a tremendous advance in the campaign against disease, so also does the coming of new machinery for popular education make possible the dissemination of vast amounts of information in a way never previously possible. **And it would be very unfortunate indeed if modern medicine failed to realize that it must be scientific in its utilization of these new tools of publicity and information and education of the public.** Modern medicine would be just as backward if it failed to use those devices as if a physician should say to himself, "I will not use one of these new drugs that have been invented.

Medicine advances through the use of new techniques, and enlightenment of the public must also advance through new techniques.

Now, as our Government has advanced, the minds of people have been bewildered by a great many new terms which are a part of the jargon of modern economics. They have been confused by the jargon of modern propaganda and so-called education. All of the various appeals which are utilized in various ways to our population are recognized to be essentially propaganda. Simply, the power that resides in propaganda is now recognized by every government in the world. **Our own government has adopted techniques which make it extremely difficult for any organization which is primarily a scientific organization to avail itself to the fullest of new techniques nevertheless which are available** not only to commercial organizations and similar bodies but available now in greater measure to the Government itself than to any other single organization either for profit or without profit in our country.

That is the important point to realize. Our own government has created a great propaganda agency for the dissemination of information to the American people regarding the activities of our government.

Early in American history, in a period around 1776, our nation made a tremendous social gain. We established a country with constitutional government, which guaranteed to its citizens certain fundamental rights. One of these was the right of free speech. Another was the right of freedom of worship. And a third was the right to freedom of public assembly.

There are many countries in the world where an assemblage such as takes place here tonight would, of course, not be possible. **But having freedom of public assemblage, and having freedom of speech, you have in your hands two of the greatest forces that you could possibly get in order to make your will known to the people of the United States and in order to make effective the knowledge you possess.**

Would it not then be an extremely archaic and obsolete performance for a body of scientific men to fail to utilize, in order to make their thought and their will and their knowledge effective, the very technique which the science of dissemination of information to the public has brought to us today?

Now, the best way—and I say this advisedly—in which American medicine can make its will and its belief and its opinion and its knowledge regarding these new trends widely known to the vast majority of the American people is through an organization such as this. . . .

For that very reason I have personally, and without regard to any position which I may hold in the Headquarters Office of the American Medical Association, felt **that in the National Physicians' Committee the American medical profession possesses an organization potential to accomplish more for education of the American people regarding the fundamental standards inherent in the establishment of a high quality of medical service for the people of the United States, than it could possess in any other organization.**

There are some who have said, "Why should this independent organization, coming into the field, utilize the county societies of the American Medical Association or the state societies or any such similar bodies in its work?" **The answer, of course, again is the simple scientific answer; that here are groups of men who assemble regularly, the very groups that you want to reach, the most effective groups that you could possibly reach. And why should it be necessary then to assembly a wholly new type of machinery in order to carry out a laudable purpose?**

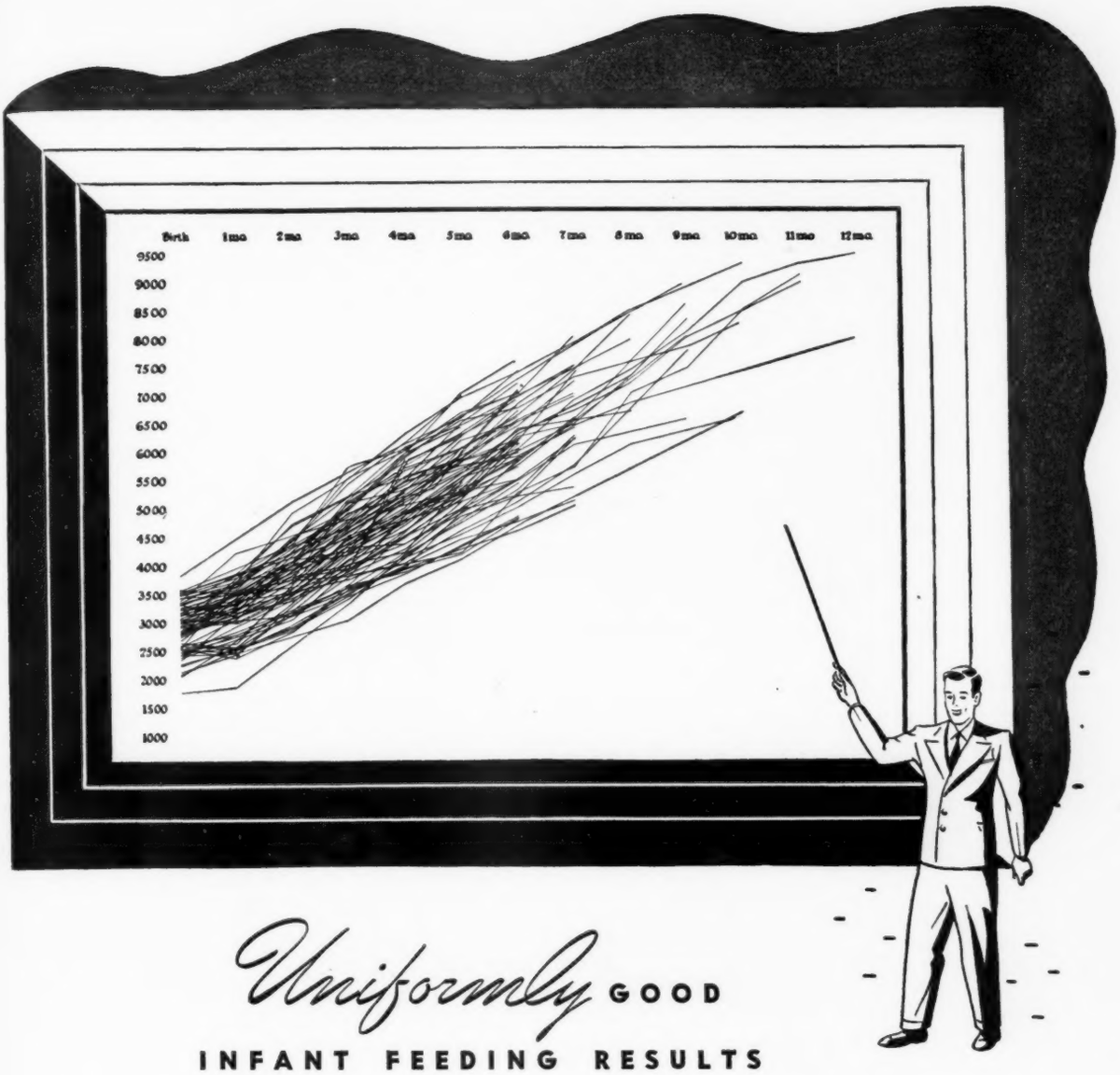
At the first so-called National Health Conference, Mr. Michael Davis arose and said, "American medicine travels on a bicycle and social medicine travels in an airplane." He rather sneered at the way in which American medicine travels on a bicycle. That analogy actually should be applied not to medical service but to the utilization of these new forms of public education to which I have already referred.

Again, I would say that at this particular moment many of the social gains which were agitated in the five years which have just passed are temporarily in abeyance.

But I would point out to all of you that they are only in abeyance because, for the immediate present, other matters are demanding emergency attention and action.

There exist in the United States many professions and groups which have for their objective the creation of **a new technique in medical practice which would put the layman rather than the physician in charge of setting standards and providing medical service. So long as these professions and groups continue to exist and to grow in numbers, just so long will there have to be continuously in the forefront for the protection of medical science, an organization such as this, which can carry on not only an effective defense but an effective warfare.**

*The text of an address by Morris Fishbein, M.D., delivered before one hundred seventy-six distinguished physicians from thirty-two states assembled for the first national conference of representatives of the National Physicians' Committee for the Extension of Medical Service—Cleveland Hotel, Cleveland, Ohio, June 5, 1941.



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A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, vegetable oils and cod liver oil concentrate.

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Sterile Purified Solution of Liver, U.S.P. (for Intramuscular Use)

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In 10 c.c. vials	1 vial and 3 vials per box
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In 5 c.c. vials	1 vial and 3 vials per box
In 10 c.c. vials	1 vial and 3 vials per box
In 30 c.c. vials	1 vial per box

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1925. J. Home Econ. 17, 377.
1930. J. Home Econ. 25, 588.
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1940. J. Hygiene 40, 699.

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